MEDICAL SCHOOL MIDDLE MANAGERS LEARNING TO SUCCESSFULLY WORK WITH LEADERSHIP TO NAVIGATE ORGANIZATIONAL CHANGE

By

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ABSTRACT

There is a lapse in research exploring middle managers at medical schools during an organizational change. The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers during an organizational change to mitigate burnout and build resilience. The literature reviewed explored how stressors from organizational changes may impact medical school middle managers, leading to feeling less secure about their position, and increase middle managers' stress leading to burnout. For an organizational change to be successful, middle managers must build trust with their staff, communicate with middle managers, and engage middle managers in the change process. Burnout includes emotional exhaustion, depersonalization, and diminished accomplishment. Adapting to adversity or stress is referred to as resilience. Those without support networks, including social and professional, may suffer from compromised physical and mental health. Building employee resilience may assist middle managers recovering from disruptions. Sustainable organizations require a healthy environment for staff members and middle managers to mitigate burnout. Nine medical school middle managers were interviewed for this study. The hand-coded data revealed four themes: organizational support, communication, organizational environment, and motivation. Recommendations for further action include safe spaces and professional groups for middle managers, leadership communicating more clearly, leadership providing professional growth for staff, resources to build camaraderie among staff members, and leadership providing adequate staff for middle managers to run their departments efficiently.

Keywords: Medical School Middle Managers, Burnout, Resilience, Communication

DEDICATION

To my husband, Gary, who has been my moral support and advocate for every degree I have attempted. I could not have done this without you!

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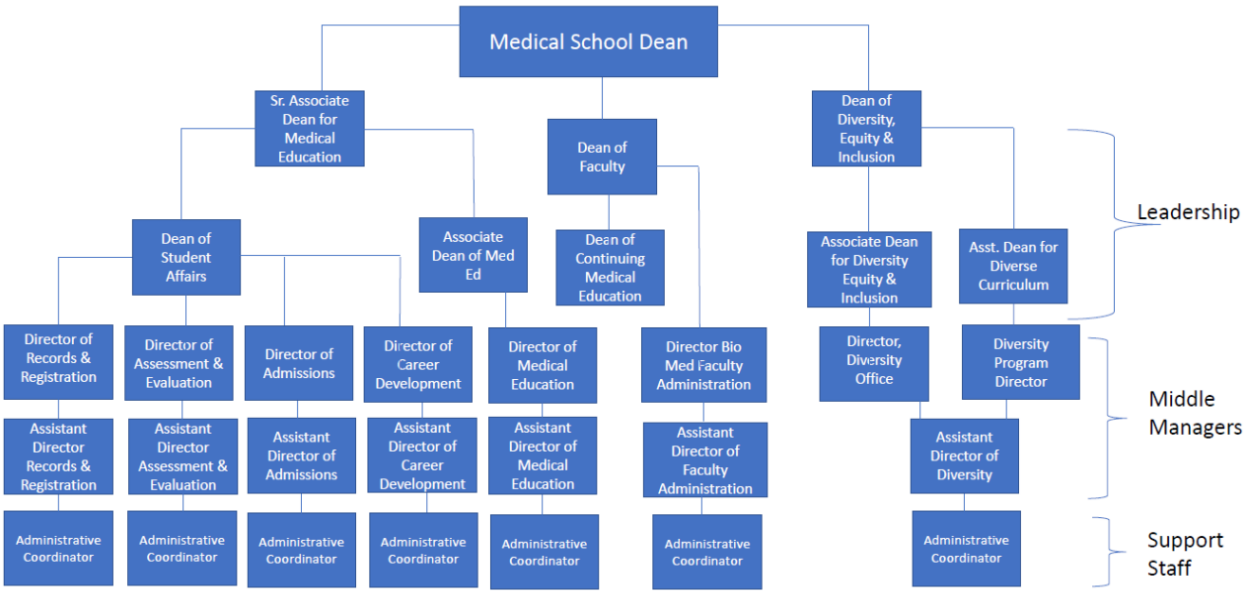
CHAPTER 1: INTRODUCTION

What makes a medical school great? According to Gunderman (2013), a great medical school is committed to the health and well-being of its community. Faculty and staff who share enthusiastic stories about their school with potential students or employees, are thriving in their institution, says Gunderman, perceiving a sense of satisfaction with where they work and their job. However, with rapid changes in healthcare, an aging population, and a declining healthcare workforce, medical schools are undergoing continual organizational changes (Khay- Guan, 2019) which may impact a medical school community.

To understand change at a medical school, it is important to understand its structure. In a typical organizational chart, the organization is led by the president with branches of employees vertically below separated by specialization, according to the Society of Human Resource Management (2023). A medical school leadership structure is led by a dean who oversees the school. Under the dean are specialized branches that are overseen by associate and assistant deans, as shown in Figure 1. These specialized branches typically include medical education, faculty, and diversity, inclusion, and belonging. Below the associate deans are sub-branches, which include financial aid, admissions, and student affairs, typically led by a middle manager. Middle managers, the focus of this study, aid the deans with their program and have support staff reporting to the middle manager.

Figure 1

Sample Medical School Organizational Chart



Organizational Change

Organizational change can have benefits for employees, such as new employees who provide additional help, innovative ideas, and new skills (Taylor, 2022). Organizational change can also have disadvantages, such as job uncertainty and an increased workload (Wisse, 2016). Typical organizational changes may involve mergers and acquisitions (Evans, 2017), downsizing due to budget cuts (Christopherson, 2014), and demand for higher quality by industry, partners, and employers. Additional organizational changes at a medical school include curriculum redesign, revised accreditation standards from the accrediting body, changes or additions in faculty, and changes in deans (Buja, 2019). Change in an organization may not be well received unless there is sufficient communication by leadership (Gilley, 2009).

Leadership

According to Kotter (2012), leadership establishes direction, alignment of employees, motivation, and inspiration. Whereas, middle managers plan, organize, and manage staff, as well as problem-solve. Managers produce order, consistency, and predictability. Leaders produce change, often dramatic and useful change. For example, managers set work schedules for support staff, whereas leaders work with middle managers to develop their skills, often grooming those middle managers to become leaders. Effective leadership mentor middle managers to aid in their professional growth (Mwangu, 2020).

Middle Management at Colleges and Universities

The role of the middle manager at colleges and universities is to run an academic unit or department (Mwangu, 2020). According to Mwangu, middle managers set goals and objectives, handed down by leadership, for staff. Middle managers are between leadership and support staff, tasked with translating and implementing the vision of leadership (Mwangu, 2020). Leadership looks to middle managers to set effective examples for their staff and spur positive change.

Effective Communication and Trust

Communication with leaders during an organizational change is critical (Kras, 2017) for creating a high level of trust and engagement with their managers and staff (Yahaya, 2020; Dam, 2021). Effective communication between all parties allows leadership's plans to be effectively carried out during a change. Middle managers often serve as the connection between the vision of organizational leadership and the daily operational applications (Kras, 2017). Additionally, asking for input from middle managers during the change process creates trust between middle managers and leadership, according to Kras (2017). Effective communication from leadership is important for building trust, in and amongst staff and management, to help diminish negative beliefs employees may have about changes (Ellis,

2021). During organizational changes, effective communication includes face-to-face meetings, emails, newsletters, stopping by a middle manager's office, taking a walk, or having lunch with middle managers and staff, and are all strategies leadership can use to help their direct, and indirect reporting staff to navigate successfully through the changing environment (Ellis, 2021; Kras, 2017).

Increased communication from leadership about the organizational vision and goals will help middle managers lead their staff through an organizational change. Communication between managers and staff during change is also essential for success, taking the form of setting job responsibilities and establishing policy, according to Kras (2017). Yahaya's (2020) study interviewed middle managers regarding a recent organizational change, exemplifying how motivated managers can engage their staff through the change process. This study explored how medical school leadership may more successfully work with middle managers to successfully navigate organizational change, thereby lessening the chances of burnout.

Medical schools have grown, creating increasing and excessive workloads resulting from higher student enrollments (Hegney, 2021). Additionally, curriculum changes have been introduced by medical schools to provide more hands-on learning opportunities for students, such as labs and workshops, new procedure experiences, and programs to advance teamwork with other health professionals, as well as increasing exposure to the simulation of common medical procedures (Majumder, 2023). Such changes at medical schools require more coordination and added oversight by middle managers.

Additionally, medical schools need to keep pace with continual changes in healthcare (Khay-Guan, 2019) and curriculum changes requiring more coordination from staff and middle managers. The changes to the curriculum require staff and middle managers to

onboard new faculty, which includes, arranging courses, reaching out to new faculty, arranging for faculty appointments, as well as their compensation. Exposure to continual stress from changes may lead to a lower quality of work, depression, and physical illnesses (Irandoost, 2021). These changes result in high levels of demand for staff and middle managers, (Day, 2017) which may lead to psychological and physical stress (Day, 2017; Hylton, 2004).

Burnout

According to Gabriel (2022), high demands can lead to burnout, which can have a significant impact on staff and middle managers, both emotionally and physically. If an employee is overly stressed, they may choose to leave their position, causing a disturbance to the organization (Cruz, 2022), resulting in costs to the school for recruitment, hiring, and training of new employees (Gabriel, 2022). Freudenberger first described burnout in 1974 (Heinmann, 2017). However, in 2019, burnout was identified as a syndrome, allowing physicians to work with patients to identify the root cause of their stress (Berg, 2019). The World Health Organization (WHO) acknowledged that burnout is linked to a person's environment, more specifically their workplace, (Berg, 2019). Burnout typically begins with some type of organizational stressor for an employee, that could take the form of work overload, which leads to exhaustion (Valsania, 2022). From there, an employee may perceive a loss of identity at work, and then become less productive at their job, according to Valsania. Burnout may decrease performance for middle managers and staff, causing stress to individuals.

Those who suffer from burnout are not able to exhibit emotions normally expected in a workplace, like positivity, empathy, and engagement, states Valsania (2022). The fear middle

managers can develop is due to the lack of communication by leadership, shared Yahaya (2020). Staff members and middle managers might become increasingly stressed from changes in an organization (Hegney, 2021), leading to higher absenteeism and decreased organizational performance (Gabriel, 2022). Prolonged stress involves emotional exhaustion, depersonalization, and diminished personal accomplishment, which are considered the three signs of burnout (Hoffarth, 2017). Staff members and middle managers may become burned out from organizational stressors associated with the organizational change (Hegney, 2021), with less autonomy in their position, working hours that have no boundaries, and an increase in students.

Resilience

Resilience is the ability of an individual to bounce back and thrive during challenges (Tonkin, 2018). Building resilience may aid staff members and middle managers, in better adapting to organizational changes, per Tonkin. According to research, one strategy to build resilience is creating social support systems for employees (Southwick, 2016), including well-being programs (Tonkin, 2018). Individuals who are well-supported are more apt to experience resiliency than those without support (Southwick, 2016). Individuals who have faced multiple traumas in their lives may not be as resilient as those who did not face trauma, according to Southwick. He said support may come in the form of social and professional networks, which can be achieved inside or outside of the office environment. Resilience is even more likely when well-being programs are established and used. Leaders, like middle managers, can model resilient behaviors to their staff, such as building camaraderie, encouraging engagement in work tasks, and continuous dialogue between higher leadership, middle managers, and staff (Kim, 2020). She stated resilient staff and middle managers can recover more easily from a change. Additionally, resilient staff and middle managers can learn to adapt to changes and

initiate suggestions about a change before the change happens.

Interventions to Build Resilience

Organizations fostering healthy work environments encourage teamwork by engaging middle managers and leadership to work together using stress management interventions. Leaders who took active roles in providing interventions, such as meditation, (Gabriel, 2022) to promote the well-being of staff and middle managers, built more resilient workforces, (Tonkin, 2018). The *Well-Being Game,* an online program, was used at a government department and a tertiary education provider (Tonkin, 2018). The purpose of the game is to use communication among staff and middle managers to connect, resulting in increased resilience, according to Tonkin. She states leaders who involve staff and middle managers with the *Well-Being Game* use connections and communication to aid in building resilience in uncertain environments. Teamwork interventions, improving efficiency, and engaging leadership are the most powerful interventions to reduce burnout (Berg, 2019), according to WHO.

Definitions of Key Terms

Administration. Administration is the people who manage business and operations in an organization (Cambridge Dictionary, 2023).

Burnout. Burnout is defined as "Emotional exhaustion, depersonalization, and diminished accomplishment at work" (Montero-Marin, 2009, p. 1*).*

Effective Communication. Effective communication is specific and defined information (Flovik, 2019).

Depersonalization. Depersonalization is developing negative attitudes (Monteiro-Marin, 2009).

Diminished accomplishment at work. Diminished accomplishment at work is described as individuals who may not value their own ability to carry out tasks (Monteiro-Marin, 2009) and

may not perceive that they are receiving the recognition they deserve (Hoffarth, 2017).

Emotional exhaustion. Emotional exhaustion is described as individuals who may experience a lack of energy to participate in their job or home on an emotional level (Monteiro-Marin, 2009).

Leadership. Leadership is described as individuals in an organization who have more experience and knowledge and create a vision and a community within the organization (Khoshhal, 2016).

Intervention. Intervention is recommendations and guidelines on implementations that can help organizations prevent and combat burnout (Gabriel, 2022).

Medical School. A medical is a school providing education and training for physicians (Buja, 2019).

Middle manager. Middle managers are professionals who ensure that an organization runs smoothly by improving efficiency and quality (Belasen, 2016). Middle managers may not have the specific title of middle manager and may be identified or titled director, manager, or supervisor.

Organizational change. Organizational change "Pertains to the altering of structures, strategies, procedures, or cultures of organizations" (Flovik, 2019, p. 2).

Resilience. "The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors" (APA, 2020, para. 4).

Self-Construct. Self-construct is described as an individual's sense of unique identity and how he or she differentiates himself or herself from others (Wisse, 2016).

Well-being programs. Well-being programs are vehicles for building resilience, enriching

community engagement within an organization, providing peer support, and possibly mitigating burnout (Click, 2019).

Statement of the Problem

Universities are continually changing leadership, making cutbacks, upgrading and implementing new technology, and how courses are delivered i.e., moving to online learning (Kennington, 2020). With organizational changes, leadership will often fail to include middle managers in the communication and implementation of those changes (Belasen, 2016). As a result, the perception of job insecurity may increase staff members' and middle managers' levels of burnout (Wisse, 2016). The problem examined in this study is the higher level of stress experienced by middle managers during an organizational change leading to burnout. Stress that middle managers at a medical school experience during an organizational change lead to higher absenteeism, and decreased organizational performance (Gabriel, 2022). There was a gap in research exploring the role of middle managers at a medical school during an organizational change. This study will fill that gap.

Purpose of the Study

The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers during an organizational change. In addition, this study explored how leadership may work with middle managers to reduce burnout. This qualitative study had the potential to explore organizational changes from the perspective of middle managers at a medical school while examining methods to build their resiliency for mitigating burnout.

Research Questions and Design

According to Tully (2014), "Articulating a clear and concise research question is fundamental to conducting a robust and useful research study". The research questions for this

phenomenological study were aimed at understanding how middle managers may more successfully navigate organizational change mitigating burnout. The research questions proposed for this study were:

Research Question 1: What are medical school middle manager's perception of navigating organizational change to minimize burnout to become more resilient?

Research Question 2: What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?

Research Question 3: What are medical school middle manager's perception of the role they play for their staff to become more resilient in difficult times?

The researcher identified middle managers at medical schools in the Northeast region of the United States using the medical school's website for this qualitative phenomenological study. An invitation to participate was distributed to those 36 identified middle managers. This study sought up to 10 middle managers who work at medical schools in the Northeast region of the United States. The participants would have worked at the medical school for at least 5 years and identified as middle managers. In addition, participants would have worked through an organizational change within the last 5 years and were and were not contacted by leadership before or during the leadership change.

Conceptual and Theoretical Framework

The purpose of this study was to explore the role of middle managers during an organizational change and consider how working with leadership may reduce burnout in middle managers and their staff using the theoretical framework of human relations theory of management (HRTM) (Omodan, 2020), and the conceptual framework of Maslach's theory of burnout (1998). The conceptual framework was utilized to explore and understand the

phenomenon of change in organizations, focusing on the three components of burnout: emotional exhaustion, depersonalization, and diminished personal accomplishment (Maslach, 1998).

The purpose of the theoretical framework is to integrate theory and topical research (Ravitch, 2017). Omodan (2020) says that HRTM assumes employees' needs, including belonging, inclusiveness, and recognition, determine workers' motivation, rather than the physical condition of the organization. Staff and middle managers want to perceive they are part of the group of workers within the organization, as well as receive appreciation from their company, according to Omodan. In addition, this study explored the consequences that occur when leaders do not work with middle managers. Further, this study addressed questions related to how middle managers may better navigate organizational change, with and without leadership, to minimize burnout to become resilient. Finally, this study explored how middle managers may teach their staff to become more resilient.

Having dealt with burnout many times during their career, the researcher had a personal interest. The topical research terminology used to address this study included change in an organization, burnout, resilience, and well-being programs. Burnout is most commonly experienced in those who work directly with people (Hoffarth, 2017), but it can be found in anyone working in stressful conditions (Abramson, 2022). Freudenberger described burnout as exhaustion from excessive demands (Freudenberger, 1974). During changes in leadership, demands on staff members and middle managers may expand and be perceived as more excessive, leading to overly stressed staff and middle managers and burnout (Hoffarth, 2017).

Resilience, which is an individual's ability to bounce back from adversity, is key to middle managers and staff for reducing stress (Southwick, 2016). When individuals have

strategies for resilience, they are less likely to experience burnout and other negative behaviors during organizational changes. Staff and middle managers, who are more resilient recover more quickly from changes and are more adaptive to organizational changes than non-resilient employees (Tonkin, 2018). Additionally, individuals who have strong support systems may be more resilient than those who do not (Southwick, 2016). Leaders at universities can learn to build more resilient staff by working with middle managers to implement well-being programs that encourage communication and teach teamwork among employees, middle managers, and leaders, which is key to mitigating burnout (Tonkin, 2018).

Assumptions, Limitations, and Scope

Assumptions, limitations, and scope may have affected the results of this study. Latief (2009) described an assumption as working under a certain system of prior beliefs. The researcher of this study assumed the respondents have experienced some type of change within their current organization within the last 5 years. Since change can affect employees in different ways, it was also assumed that some middle managers may not be willing to openly discuss what they have endured, depending on the change. Middle managers at institutions that have undergone curriculum changes may have been more willing to discuss those changes, as opposed to changes in staff and middle managers, since some staff may have been let go due to budget cuts. There is also the assumption that participants may have perceived there could be consequences for answering openly, which may have led to difficulty in recruiting participants for this study.

Limitations in a study refer to the potential weaknesses the researcher may identify (Creswell, 2019). Participation in this study was limited to a small number of nine participants. A larger population increases precision, whereas a smaller population presents some bias

(Patten, 2018). However, with a smaller sample size, the researcher was able to spend more time interviewing those participants and carefully analyzing the data. The scope of a study is the population and setting examined (Simon, 2013). The scope of this study could be defined as exploring the role of middle managers at a medical school during an organizational change. There are 170 medical schools in the United States and Canada and 36 in the Northeast region of the United States (AAMC, 2022). The nine participants consisted of middle managers from 8 of the 36 four-year medical schools in the Northeast who had undergone an organizational change in the last 5 years. These 36 schools included both public and private institutions. Participants have been in their positions for 5 or more years.

Rationale and Significance

Change within an organization is inevitable (Gilley, 2009). According to Gilley, regardless of size, change can take a toll on its workers, especially when leadership does not consider the perspective of staff and middle managers. With organizational changes, staff and middle managers may struggle with uncertainty in their jobs, including how they should behave in those roles, per Gilley. Staff and middle managers are often tasked with instituting changes, while bearing the brunt of their implementation, leading to emotional and physical burnout, wrote Gilley. In addition, implementing organizational changes may mean more work for staff members and middle managers, causing an increase in stress (Gilley, 2009).

Burnout has become one of the most prevalent psychosocial occupational hazards in society today (Valsania, 2022). In addition, burnout is often associated with job dissatisfaction and reduced commitment of staff and middle managers (Gilley, 2009). Staff and middle managers, who are not satisfied with their work can pose serious consequences for a university, including cynicism, and a reduction in the amount and quality of work done (Ablanedo-Rosas,

2011). An overload in work may diminish staff members' and middle managers' capacity to bounce back from adversity, resulting in burnout (Gilley, 2009). Further, changes to an organization, such as increased job demands, lack of trust in management, and thoughts of leaving the organization, have been shown to have adverse effects on employees, which can result in employee fatigue, according to Flovik (2019). Additionally, staff and middle managers may leave their position due to burnout, which can become costly to the university, in terms of replacing the lost worker, according to Ablanedo-Ross (2011). As changes to the organization are becoming more common, leaders must find ways to aid employees in addressing stress.

Creating an environment where employees can bounce back from challenges may be helpful to university leadership in addressing staff member's and middle manager's burnout (Tonkin, 2018). Institutions have generally addressed burnout with the use of programs focused on individuals using journaling and gratitude activities, which have had limited success since these interventions only target individuals (Vercio, 2021). Many organizations are shifting their focus from addressing burnout to improving the overall wellness of their employees with well-being programs, according to Vercio. Well-being programs use social and emotional interventions to improve employee health (Click, 2019), one of which is building social support systems for employees (Southwick, 2016). Staff members and middle managers who are well-supported are more apt to experience resiliency to change than those who do not. Exploring how changes affect employees' well-being and how they can adapt to those challenges may help to better address and mitigate burnout (Tonkin, 2018).

Summary

This qualitative phenomenological study explored how middle managers at medical schools might more successfully navigate organizational change resulting in a continuously

productive staff and middle managers, thereby lessening the chances of staff and middle managers experiencing burnout. There had been very few studies on organizational change and the role of middle managers, therefore the researcher provided evidence for the impact of organizational change on middle managers within higher education settings.

There are many changes happening in universities causing staff and middle managers emotional and physical stress (Day, 2017). Medical schools change like many other organizations (Buja, 2019). Continual changes in an organization can adversely influence staff members and middle managers, causing stress (Gilley, 2009). Organizational changes often lead to unclear expectations, lack of autonomy, and increased workload (Day, 2017). With medical schools changing more frequently from introducing new programs, advancing teamwork, and new opportunities for student hands-on learning (Majumder, 2023), it can be even more important to address how middle managers work with leadership to navigate the change and reduce burnout. Therefore, this researcher hoped to demonstrate the importance of medical school leadership working with middle managers to take a more active role in organizational change ensuring continual work quality and production.

Clear communication between leadership and middle managers is critical during an organizational change to engage middle managers while motivating staff (Kras, 2017). In addition, face-to-face communication, as well as emails from leaders to middle managers, lessens the stress faced by middle managers that leads to burnout (Ellis, 2023). The stress middle managers face during an organizational change is the result of less autonomy in their position, a large number of students, and working hours that have no boundaries (Hegney, 2021). When staff and middle managers continue to be overloaded with work, their capacity to bounce back from change decreases, leading to burnout (Gilley, 2009).

To aid in mitigating burnout, it is important that leadership provide effective communication (Flovik, 2019), encourage teamwork, and offer interventions to help employees adapt to stressful situations (Gabriel, 2022). Leadership can assist with creating a support system within the organization to help middle managers become supported and are more apt to experience resiliency, per Southwick (2016). Building resilience in middle managers can help them adapt to changes more easily (Southwick, 2016).

CHAPTER 2: LITERATURE REVIEW

The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers during an organizational change. In addition, this study explored how leadership may work with middle managers to reduce burnout. This qualitative study had the potential to explore organizational changes from the perspective of middle managers at a medical school while examining methods to build their resiliency for mitigating burnout.

This chapter includes the conceptual and theoretical framework, a review of the relevant literature, and a summary. The literature review examined organizational change and communication between leadership and middle managers exploring the importance of working together to better steer through organizational change. Furthermore, burnout, which refers to "emotional exhaustion, depersonalization, and diminished accomplishment at work" was explored (Montero-Marin, 2009, p. 1). Additionally, the literature review explored how universities can invest in the well-being of staff members and middle managers, to create more resilient employees.

Resilience is a stress-coping ability that allows individuals to successfully respond to difficult situations (Conner & Davidson, 2003). This literature review also discussed the need for collaboration and teamwork to build a social network by developing communication flow, while bringing staff and middle managers closer together to create a resilient organization (Vercio, 2021). Finally, the literature review investigated the use of organizational well-being programs for higher education staff and middle managers, and the ability of these programs to provide a vehicle to teach resilience by strengthening staff and middle managers' ability to function well and focus on their work (Tonkin, 2018).

A medical school is an educational facility teaching students the medical curriculum

using classroom work and working with patients (Buja, 2019). A healthy medical school embodies collaboration, respect, and inclusivity of staff and middle managers, as discussed in the article by Locke (2022). In Locke's study, staff and middle managers were surveyed about the work environment at the school. Organizations where leaders respect and engage employees retain staff and middle managers longer than organizations that do not (Osborne, 2017). Engaging employees is critical during an organizational change, if leaders are to motivate staff and middle managers through a successful change (Gilley, 2009).

Organizational change has become commonplace and may result in significant stress for employees (Day, 2017). Specifically, an organizational change at a medical school may affect staff members and middle managers, who are on the frontlines of change (Gilley, 2009). Administrators, i.e., middle managers, may perceive changes will result in negative outcomes or they do not agree with the changes made, and become stressed, according to Gilley. Higher education staff members and middle managers, work with students, and therefore are in a people-oriented profession (Hu, 2017), and could experience burnout (Kinman, 2014). As staff and middle managers are continually exposed to change resulting in stress, they may begin to burn out (Gabriel, 2022). Burnout has been correlated with people-oriented professions, i.e., those who aid individuals struggling with health, housing, and emotional issues, education, and healthcare (Maslach, 2016).

Most individuals are resilient and can bounce back from adversity (Southwick, 2016). Southwick stated that when a higher education staff member or middle manager is resilient, they are more likely to adapt well to adversity, trauma, and threats. Some administrators may be more resilient than other administrators, depending on their environment growing up. This means middle managers who experienced trauma, tragedy, or threats during childhood will be less

resilient. Since stress can affect individual and organizational resilience (Vercio, 2021), building individual resilience in middle managers could lead to building organizational resilience. Organizational resilience is defined as an institution that provides a community of support for staff and middle managers, according to Vercio.

An effective way to build resiliency in an organization is to create a support network promoting positive workplace relationships (Click, 2019). A supportive network would include wellness or collaborative programs allowing staff members and middle managers, to build a team. When employees in an organization collaborate, staff and middle managers are more comfortable working on group projects, more readily consider the opinions of others, and are more easily able to express themselves, according to Click. Organizations have traditionally used wellness programs to improve health, decrease absenteeism, improve morale, and decrease healthcare costs (Click, 2019). Traditional organizational wellness programs have focused on reducing employee absenteeism and reducing the cost of staff and middle managers' healthcare for the organization. These traditional wellness programs have recently shifted into well-being programs, adding other categories, such as social, community, and the environment, Click shared.

Conceptual and Theoretical Framework

The conceptual framework of a study is defined as the evidence for why one wishes to explore their topic, why it matters, and what it means to their study (Ravitch, 2017). The concept of burnout was personal to the researcher and inspired further exploration of the topic. According to Ravitch, the researcher’s personal interest, topical research, and theoretical framework comprise the conceptual framework. The conceptual framework for this study was comprised of the researcher’s interest in organizational change. During their career, the

researcher has experienced organizational changes and had experienced stress during those times. The conceptual framework was utilized to explore and understand the phenomenon of change in organizations by focusing on the three components of burnout: emotional exhaustion, depersonalization, and diminished personal accomplishment (Maslach, 1998).

The purpose of this study was to explore the role of middle managers during an organizational change to consider how working with leadership may reduce burnout in middle managers and their staff through the theoretical framework of human relations theory of management (HRTM) (Omodan, 2020), and the conceptual framework of Maslach's theory of burnout (1998). The purpose of the theoretical framework was to integrate theory and topical research (Ravitch, 2017). Omodan (2020) said that HRTM assumes that employees' needs, including belonging, inclusiveness, and recognition, determine workers' motivation, rather than the physical condition of the organization. Staff and middle managers want to perceive they are part of the group of workers within the organization, as well as receive appreciation from their company, according to Omodan.

Personal Interest

After many years working in a medical school, the researcher noticed the frequency with which colleagues and themself tend to be stressed and exhausted and wondered if organizational changes may lead to burnout. Therefore, the researcher was interested in exploring stress and how middle managers and leaders can work together to reduce burnout in middle managers during an organizational change. In addition, the researcher was interested in examining the utilization of well-being programs to aid in mitigating burnout.

Topical Research

The areas of topical research in this study included what a healthy medical school looks

like, what organizational changes are, and how they affect a medical school. In addition, communication during an organizational change will be explored, and how leadership may work with middle managers to effectively communicate during a change. In addition, the literature review explored how medical schools may employ resources to aid middle managers with mitigating burnout, including using well-being programs to build resilience.

The core of the literature review explored organizational change, communication, burnout, building resilience, well-being programs, and collaboration between middle managers and leadership. Evidence continues to grow that universities are changing now more than ever due to rising costs, the increasing rate of technology developments, and more institutions moving to online learning (Kennington, 2020). With these changes, staff and middle managers may perceive their position is less secure, and changes may impact their job. During an organizational change, universities have an opportunity to employ leaders who engage and prepare staff and middle managers for the change initiative (Kennington, 2020). It is important to recognize the emotions of middle managers (Puusa, 2015) because organizational changes tend to impact staff members and middle managers psychologically (Puusa, 2015).

Identifying burnout in staff and middle managers traces back to Freudenberger, (1975) who noticed human service workers became depleted of emotional and physical energy due to the workers' commitment and dedication to helping people. Maslach (1981) suggested job turnover, absenteeism, and low morale are indicative of burnout. Staff and middle managers, who support and work with students also suffer from stress, (Ablanedo-Rosas, 2011) since they are often the first to respond to concerns from students. Those with higher levels of education in the helping professions are often given more responsibility (Thomas, 2014). As a result, those individuals may experience higher levels of stress and burnout (Maslach, 1981).

Issues causing stress outside of a middle manager's control, including downsizing, may ultimately lead to job burnout, according to Angerer (2003).

Universities might use well-being programs in multiple ways to address burnout (Click, 2019). Well-being programs include building resilience, building community engagement within an organization, and providing peer support, per Click. Organizations that build community and provide peer support may more fully engage staff and middle managers (Ellis, 2021). Environments, where teams are allowed to thrive, are more positively associated with leading change effectively (Gilley, 2009). University leaders may create teams to build social support, which builds relationships, leading to respect and understanding (Hoover, 2015). In addition, support from organizational leaders might help with staff and middle managers, resilience, in terms of managing challenges and changes (Tonkin, 2018).

The topical research areas informed this study by focusing on ways in which university staff and middle managers are exposed to stress from organizational changes. In addition, the topical research explored how organizational change may lead to burnout in middle managers and that leaders and managers should communicate more during the change to engage middle managers in the process and motivate their staff. Further, the topical research explored how the introduction of well-being programs focused on building resilience to help higher education staff and middle managers avoid burnout before it occurs. Support from leadership might help with middle manager resilience in terms of managing challenges and changes, as well as building a workplace community to bolster support (Tonkin, 2018).

Theoretical Framework

The theoretical framework informing this study is the human relations theory of management (HRTM) (Omodan, 2020), which explores how employees' behaviors may be

determined by their need for belonging, inclusion, and recognition. Employees are not driven by the physical conditions of their environment, but instead by their perception of security, inclusion, and belonging, according to Lunenburg and Ornstein (2012). HRTM was useful in guiding the study to identify the perception of organizational change by middle managers. Organizational changes may influence how employees perceive themselves (Wisse, 2016). When employees perceive changes within an organization impacting them directly, they may become stressed, according to Wisse. In addition, Wisse inferred that when staff members and middle managers perceive organizational changes may influence others they work closely with, they may become stressed. An organizational change in a medical school can bring adjustments to structures, policies, and curricular changes (Buja, 2019). Medical school administrators, like middle managers, are often those who must make changes happen and often cause stress to those who implement the changes (Gilley, 2009). According to Gilley, working through those changes may impact staff members and middle manager's work life and may interfere with their personal life, due to the stress caused by changes being made.

Staff members and middle managers may become depersonalized at work, meaning staff members and middle managers develop negative attitudes toward their supervisors, leading them to become negative or callous, according to Monteiro-Marin (2009). Middle managers may perceive a lack of personal accomplishment at work because managers do not value their own ability to carry out tasks, and from not receiving the recognition they perceive to deserve, or fulfillment in their job (Hoffarth, 2017). Burnout could be the result of middle managers, responding to work frustrations that cause stress, resulting in the middle manager working harder until that middle manager is exhausted and seeks satisfaction or success to equal the stress caused by efforts. (Monteiro-Marin, 2009). University middle managers and

their staff juggle demands from both management and students and also suffer from stress (Ablanedo-Rosas 2011). Burnout could be the result of a middle manager responding to frustration at work that causes stress (Monteiro-Marin, 2009). Examining emotional exhaustion, depersonalization, and diminished personal accomplishment at work may help to better understand why medical school middle managers become stressed.

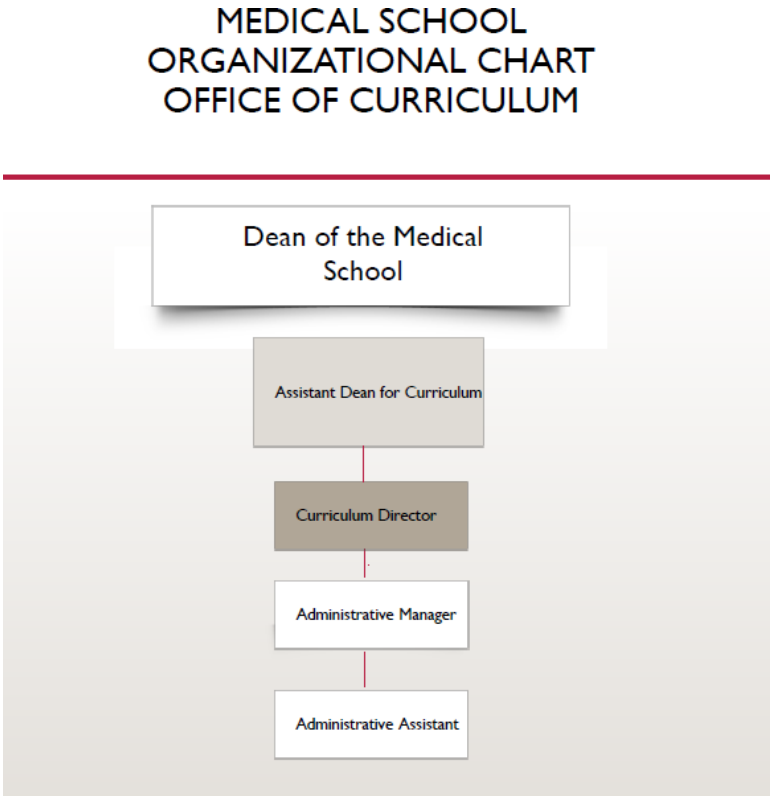
A Healthy Medical School

A healthy organization includes supportive leadership and a culture of interaction and collaboration between leadership and staff (Raya, 2013). Organizations where leaders respect and engage employees retain staff longer than organizations that do not (Osborne, 2017). Engaging employees is critical during an organizational change if leaders are to motivate staff and middle managers, through a successful change (Gilley, 2009).

According to Locke (2022), the University of Massachusetts (UMass) Medical School is among the top 150 places to work in Massachusetts and fits the description of a healthy organization. In a confidential survey conducted at UMass Medical School, employees remarked the school was supportive and inclusive of staff, as well as collaborative and respectful of employees. In a memo to the staff, the Chancellor of the University stated the employees of the UMass Medical School are the most important asset to the institution, and they are key to achieving the university's goals (Locke, 2022). An example of a medical school organizational structure, for the office that delivers the curriculum to the students, is outlined in Figure 2. The curriculum director is in the middle of the organizational chart between the dean of the school and the support staff. The curriculum director is what is referred to as a middle manager.

Figure 2

Sample Organizational Chart of the Office of Curriculum



Organizational Change

Growing evidence continues to show universities are changing now more than ever, due to rising costs, the increasing rate of technology developments, and more institutions moving to online learning (Kennington, 2020). “Organizational change pertains to the altering of structures, strategies, procedures, or cultures of organizations” (Flovik, 2019). Typical organizational changes may involve mergers and acquisitions (Evans, 2017), or downsizing, due to budget cuts (Christopherson, 2014), and demand for higher quality by industry, partners, and employers (Shah, 2012). Additionally, changes at a medical school can involve curriculum redesign, revised accreditation standards from scheduled accrediting body visits, and changes in

leadership (Buja, 2019).

According to Yahaya (2020), middle managers may also become stressed from not being included in the organizational change. Employees who become stressed from the changes in the organization (Hegney, 2021) may be more absent from work and their performance may begin to decline (Gabriel 2022). In addition, staff and middle managers may feel less secure about their position and the impact the changes may have on their employment (Wisse, 2016). As a result, the perception of job insecurity may increase employees' level of burnout, according to Wisse.

When an organization changes, individuals may perceive there will be negative consequences to them, which may affect their self-construct (Wisse, 2016). Wisse explained that self-construct is defined as how an individual perceives themself. Individuals' perceptions of themselves could play a role in how changes to an organization can affect them, as stated by Wisse. When staff and middle managers perceive the changes will affect them negatively and directly, they may become more stressed. Some changes may seem more demanding on employees, while others may not. Staff members and middle managers who perceive change will affect only them directly are more apt to experience stress than changes affecting other employees, according to Wisse. In addition, employees may think the changes made within their job may also negatively impact others they are close with and may become stressed per Wisse. In addition to middle managers perceiving insecurity about their job, lack of recognition from coworkers and supervisors may be negatively associated with burnout in staff and middle managers (Renger, 2020). There can be many opportunities to recognize staff and middle managers during a time of change in an organization, as stated by Renger. Respect shown by leadership toward staff and middle managers can aid in diminishing emotional exhaustion over

time, due to a perception of contributing to the institution in a meaningful way (Ramarajan, 2008; Renger, 2020).

Leaders often embrace change, while staff members and middle managers, may tend to resist it (Kennington, 2020), especially when those changes directly affect that staff or middle manager (Wisse, 2016). In addition, leaders tend to lack the skills to predict, assess, and respond to the emotions of staff members and middle managers, during the change process (Kennington, 2020), leading to unsuccessful changes (Caruth, 2013). Evans (2017) discussed staff member's and middle manager's perceptions of leaders who let them down for promises they had broken. In a study by Puusa (2015), after a merger between two academic institutions in Finland, the "us and them" gap that existed between leadership and the academic staff, which includes middle managers, widened. Evans, (2017) also discussed how it can take up to 10 years for the wounds of staff and middle managers to heal after a change. This means the leadership did not understand the personal hardships academic staff endured during changes, the perspective of how the change affected the personal lives of staff and middle managers is often not considered by leadership (Puusa, 2015).

Organizational Change in Medical Schools

Change happens in every organization, including medical schools (Buja, 2019). Buja discussed how medical schools change in response to needs in society and advances in medicine, especially in terms of healthcare and technology. Change in any organization can affect every aspect of it (Gilley, 2009). Top leadership creates the plan of change by developing the mission, vision, and strategic plans, middle management furthers executive strategies, and frontline workers implement the plans by engaging in the daily work, processes, and changes needed to please middle and upper management, per Gilley. Medical school administrators, like

middle managers, are much like frontline supervisors, as they are responsible for translating top management's project plans into frontline work (Bunger, 2019). During times of change, staff and middle managers are uncertain how they should act or what outcomes are expected, while often bearing the brunt of implementing the changes (Gilley, 2009). According to Gilley, struggling through changes often affects staff members and middle managers, work life, as well as their personal life, as they try to align the school changes with their interests, which Gilley discussed, staff and middle managers, may not agree making.

Communication and Trust

During an organizational change, effective communication, such as face-to-face meetings, emails, and newsletters, is key to helping employees successfully navigate through the shifting environment (Ellis, 2023). Building trust between staff and middle managers, and management helps diminish negative beliefs middle managers may have about the change, according to Ellis. Unless leaders are clear about the vision of the organizational change to staff members and middle managers, employees may not buy into the change (Gilley, 2009). Middle managers are an important link between staff reporting to the middle managers and leadership for engaging staff and middle managers in leaders' vision of change (Kras, 2017).

Communication with leaders is essential, according to Kras. Input and engagement middle managers provide to leadership creates trust, which motivates managers to engage their employees in the process (Yahaya, 2020). In a study by Yahaya, middle managers were interviewed about a recent organizational change. Participants in the study felt they could not give their opinion on the change, since they were not contacted by leadership before or after the change. According to the participants, if they had been part of the change from the beginning, they would have been able to engage their staff in the change. Another factor in organizational

change is the perceived fear and stress of middle managers because they were not included in the change process, according to Yahaya (2020). The middle managers' fear is due to a lack of communication by leadership, according to Yahaya. Leaders who are more transparent during the organizational change as to what is happening will fully engage their managers, who will actively motivate staff.

The Concept of Burnout

Burnout was first described in 1974 by Freudenberger, who was a psychoanalyst and former volunteer at the Haight-Ashbury Free Clinic in San Francisco. He did not give an exact definition, but he described burnout as a "work-related syndrome characterized by emotional and physical exhaustion, cynicism about one's co-workers, and clients, inflexibility in thought and action, and decreased efficacy on the job" (Freudenberger, 1974, pg. 159). He stated human service workers were vulnerable because they were dealing with problems in society, those who seek assistance, as well as with our own needs. Burnout is generally defined as "emotional exhaustion, depersonalization, and diminished accomplishment at work" (Montero-Marin, 2009, p. 1). For staff and middle managers, burnout may exist due to the emotional exhaustion they experience from their job or home life, and a lack of energy to participate on an emotional level, per Monteiro-Marin. Emotional exhaustion refers to weariness, tiredness, and fatigue when staff and middle managers have difficulty adapting to the work environment, resulting in not having enough energy to handle work tasks (Valsania, 2022).

Monteiro-Marin (2009) found staff and middle managers may become depersonalized at work due to negative attitudes. Middle managers and staff members may also become cynical and unconcerned and develop inappropriate attitudes in response to exhaustion (Valsania, 2022). This negative behavior often translates into a lack of enthusiasm toward their

position, as stated by Valsania. When middle managers respond to frustration at work it causes stress resulting in burnout. Middle managers then perceive a lack of personal accomplishment because they may not value their own ability to carry out tasks (Monteiro-Marin, 2009). The middle manager then works harder, seeking satisfaction or success equal to the effort expended on the endeavor. Perceiving a lack of personal accomplishment may result in lower productivity, diminished morale, and a lack of coping skills (Valsania, 2022). Middle managers who sense they are not being taken seriously may not perceive respect, which may lead to burnout (Renger, 2020). Pastesas (2020) states that burnout affects staff members and middle managers, and anyone around the person, including students, faculty, and other staff (Pastesas, 2020). Individuals who suffer from burnout cause greater conflicts, interrupt work tasks, and generate a bad working environment (Valsania, 2022). According to Valsania, burnout syndrome can eventually lead to absenteeism, loss of efficiency, and incivility, according to Valsania.

Burnout has been correlated with those who are in people-oriented professions, such as human services, education, and healthcare (Maslach, 2016). These relationships can be rewarding, but can also cause stress, according to Maslach. Surrounding environments and a lack of personal job fulfillment can also lead to burnout (Hoffarth, 2017). In addition, staff and middle managers, who do not receive positive feedback or recognition (Maslach, 1982; Renger, 2020) as employees, may perceive the need to achieve a greater work ethic (Renger, 2020). Work ethic supports the idea of staff members and middle managers, who want to perceive they are more worthwhile to the organization than just the work they produce (Hoffarth, 2017). All staff and middle manager roles are equally stressful positions that can lead to burnout and merit exploration, especially during the constant rate of change in higher education

(Kennington, 2020).

Resilience

The widespread focus on interventions to reduce the "epidemic" of burnout in academic institutions has largely been unsuccessful, resulting from the current framework to address burnout not fully addressing the improvement of mental health (Vercio, 2021). According to Vercio, because mental health interventions have been less successful, institutions are becoming less equipped to handle burnout, and the focus has shifted from burnout to building resilience (Vercio, 2021). Building staff and middle manager resilience is likely to be more productive when emphasizing employee well-being (Cooper, 2013).

Resilience is defined as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors" (APA, 2020, para. 4). Individuals who are resilient have the personal capability and resources to face and overcome adversity, as stated in APA. Most people are considered resilient, while many have faced multiple traumas in their lifetime and may have difficulty bouncing back (Southwick, 2016). Furthermore, those who experienced loving, reliable, consistent, and emotionally responsive caregivers growing up may have developed attributes that contribute to resilience, according to Southwick. These qualities include the ability to regulate emotions, solve problems, self-soothe, and form friendships and intimate relationships. Conversely, those who were faced with stressful and chaotic experiences have heightened responses to stress, per Southwick. Furthermore, those with weak social connections, who are more isolated may suffer from compromised physical and mental health, whereas individuals who have strong support systems may be more resilient than those who do not, as stated by Southwick. Support systems might include social and

professional networks, as well as emotional support, found in bonds made through family and friends, per Southwick. Southwick shared that individuals who are well-supported are more apt to experience resiliency than those who do not.

Interventions to Build Resilience

The literature reviewed explored ways leaders may build employee resilience to help prevent burnout (Brewer, 2011; Tonkin, 2018). Leaders of organizations who invest in programs supporting staff and middle managers' well-being have the ability to be resilient employees (Tonkin, 2018). Tonkin noted that building resilient employees may aid employees, including middle managers, in recovering from disruptions. Support by leaders using well-being interventions might help with employee resilience, in terms of managing challenges and changes, as well as building a workplace community to bolster support, per Tonkin.

An example of a well-being intervention is the *Well-Being Game* (Well-Being Game, 2022). The *Well-Being Game* is an online tool to help organizations strengthen employee relationships by talking with each other when there may be a struggle to socially connect. In a study by Aked, (2008), a government department and a tertiary education provider used the *Well-Being Game*. Per Aked, the game is based on the Five Ways to Well-being and includes Connect, Be Active, Keep Learning, Give, and Take Notice. Connect is building social relationships and providing a sense of belonging in an organization. Active is using physical activity to cope with stress and detract from negative thoughts lowering depression and anxiety. Keep Learning is using continued learning as a way of enhancing peoples' self-esteem and increasing their self-worth. Give is helping, sharing, and using team-oriented behavior to increase positivity. Take Notice brings attention to what is happening in the present to help build a positive mental state, according to Aked. The goal of the game is to log more well-being

hours than other players, i.e., employees or co-workers.

According to Tonkin, (2018) 433 employees were invited to participate in the *Well-Being Game,* with 211 employees choosing to participate (106 for Organization A and 105 for Organization B). Participants were emailed an invitation and a join-up guide, with the option to play either individually or as a team. Eighty-five percent of participants were females ranging in age from 19 to 67 years. A positive relationship was found between personal and employee-level resilience, demonstrating employee resilience was significantly higher after the game than before the intervention (Tonkin, 2018).

In a second study by Keeman (2017), the *Well-Being Game* was used in two separate studies: a student sample and an organizational study. The studies were conducted using the same Five Ways to Well-Being: Connect, Be Active, Keep Learning, Give, and Take Notice, per Keeman. In both studies, the results showed students and employees reported higher well-being and lower levels of stress due to building social support, showing that overall, the *Well-Being Game* is a great way to engage students and employees in a positive activity that builds social support and improves well-being, states Keeman. She reported leadership may use well-being interventions to build quality workplace relationships where the stress for staff and middle managers is decreased.

Stress can affect both individual and organizational resilience (Vercio, 2021). Per Vercio, building individual resilience in employees could lead to building organizational resilience. He also discussed how organizational resilience is defined as an institution providing a community of support for staff and middle managers. By creating a community for employees who may be suffering from burnout, leaders of the organization may provide a supportive environment to care for the individual, which affects the entire institution, according to Vercio.

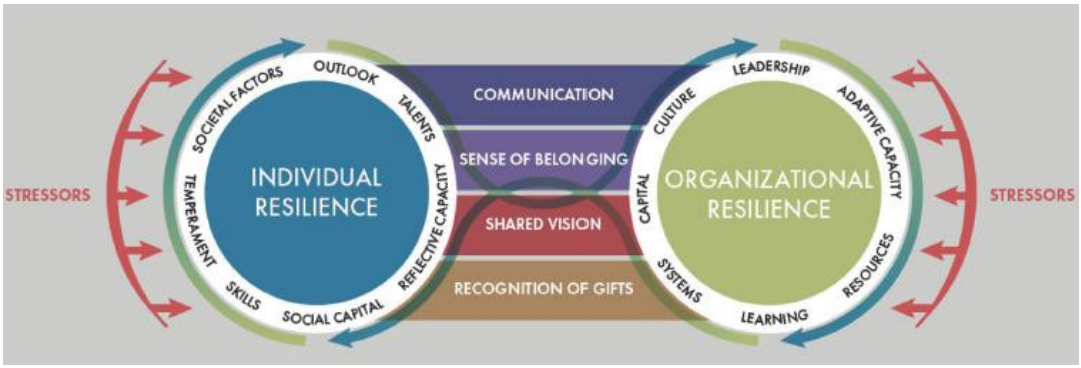
Figure 3 depicts how Vercio describes the relationship between individual resilience and organizational resilience. Vercio (p. 572) states,

> This model of the connection between individual resilience and organizational resilience and how both are equally stressed, but when working together with proper communication, giving a sense of belonging, sharing a vision, and recognizing the gifts that both individuals and organizations bring, both can become more resilient.

He went on to say that one of the most effective ways to increase resiliency and mitigate burnout may be to center the attention on building a sense of community within an organization and creating a support network for staff and middle managers. Organizations have many opportunities to build resilience in both staff, middle managers, and the organization, as a whole (Tonkin, 2018). Using the *Well-Being Game* is a tool that can start building social connections for staff and middle managers, per Tonkin.

Figure 3

Vercio's conceptual model



Note. Vercio's conceptual model illustrates the dynamic interplay between individual and organizational resiliency is shown to demonstrate how individual resilience feeds into organizational resilience. From "Shifting the Focus from Burnout and Wellness toward Individual and Organizational Resilience", 2021. *Teaching and Learning in Medicine*. p. 572.

Vercio, C., Loo, L., Green, M., Kim, D., Dallagan, G. 2021. https://www.tandfonline.com/doi/epdf/10.1080/10401334.2021.1879651?needAccess=true&role=button. Copyright 2021 by the Taylor & Francis Group.

Organizations have traditionally used wellness programs to improve health, decrease absenteeism, improve morale, and decrease healthcare costs (Click, 2019). Organizational wellness programs have recently shifted into well-being programs, adding other categories such as social, community, and the environment, per Click. Click went on to say that when staff and middle managers within an organization build positive and constructive relationships with colleagues, a healthy culture begins to grow within the establishment. Leaders of an organization might use well-being programs in multiple ways including as a vehicle for building resilience, encouraging community engagement within an organization, providing peer support, and possibly avoiding burnout, according to Click.

Leaders of an organization who build community and provide peer support may more fully engage employees (Ellis, 2021). Building close relationships with colleagues may be an important part of constructing a network of peers who provide support (Click, 2019). Employees who have strong relationships at work may be more apt to provide quality work, choose to stay at that organization longer, and may be more engaged, per Click. One example of building relationships with leaders, middle managers, and staff is the use of *The Sustained Dialogue* (SD) program (Stewart, 2015). SD was introduced at the Dartmouth Conference in October 2015. *Sustained Dialogue* encourages the use of building conflicted relationships into more constructive ones, per Stewart. He went on to say that SD uses transformation starting with the triggering event, moving to critical reflection, rational discourse, and then eventual action. This process moves through the stages, with the help of a moderator for listening,

respecting, and suspending our rush to judgment, and then voicing any concerns, thus transforming relationships, according to Stewart.

In a study by Click, (2019) she described how SD promotes positive workplace relationships and provides a place for employees to discuss the future direction of the organization. S.D. has been utilized in over 100 universities in the United States (Sustained Dialogue Institute, 2022). According to Click, SD was instituted in a Midwestern research university in 2017.

> Representative comments from participants of SD in Click's (2019) study are: "Being able to connect with other people and be affirmed in some of my perspectives about our campus but also learn about the challenges that others are encountering… Having a respectful place where I could be heard makes it easier to be a listener myself… I appreciated the opportunity to learn from group members in an intergenerational, multiracial space." (pg. 366).

Having leaders of an organization utilize a well-being program for staff members and middle managers, to build resilience might provide the space for staff to form social connections within the organization (Click 2019). According to Click, introducing the SD program into an organization may offer an opportunity for staff to foster and nurture relationships with middle managers and for middle managers to foster and nurture relationships with leaders, which may build the foundation needed for both individual and organizational resilience. Continuous dialogue between employees is an important part of the workplace culture necessary to address and overcome workplace changes and challenges effectively (Click, 2019) and minimize burnout that may come with organizational changes (Day, 2017).

While continuous dialogue between leaders, middle managers, and staff members can

foster healthier workplace relationships, recognition at work has also been shown to cause lower levels of burnout (Renger, 2020). Per Renger, building a recognition program might provide middle managers with the perception their contributions to the organization are meaningful and they are supported by the institution. In addition, training for supervisors might be necessary to give constructive feedback without compromising employees' worthiness. Creating a culture of respect might be beneficial to both the organization and its employees, according to Renger. She went on to say positive recognition experiences fostered in an organization can provide a buffer to the negative effects burnout can cause.

With so many changes happening at universities, resilience, and well-being for both staff and students is much-needed (Brewer, 2011). Students may encounter many competing demands and stressful events during their time at a university, per Brewer. Brewer went on to reveal using resilience as an approach for students to combat stress has been associated with well-being, satisfaction, and positive outcomes. To ensure resilience is promoted to students, resilience strategies should be embedded by leaders in staff and middle managers' assumptions, structure processes, and underlying values at the university, according to Brewer. Brewer stated staff and middle managers should view resilience as a process where they need to build a network to create a collective vision to influence the resilience processes of staff. In addition, she claimed staff members and middle managers can then lead change through well-being programs focusing on resilience that influences students.

Hegney's (2021) study examined one such program, entitled Mindfulness, Self-Care, and Resiliency (MSCR) at a regional university in Australia. Hegney interviewed nineteen employees who taught resiliency skills to improve overall stress management, well-being, and self-care behavior using classroom lectures and a skills program for the MSCR program. The

MSCR program showed an impact on employees' well-being and demonstrated they interacted with staff and students in their organization in a more positive way.

In a British university study, (Hartfiel, 2011), 48 employees were recruited to participate in a 6-week yoga program. According to Harfiel, yoga has been known to improve well-being in individuals by increasing cardiopulmonary and central nervous system function by reducing blood pressure, fatigue, and symptoms of anxiety and depression. This program resulted in participants reporting an improvement in clear-mindedness, energy, and confidence, per Harfiel. He continued to say even a short well-being program can build resilience to stress in the workplace.

Both programs are examples of organizational well-being programs that work (Harfiel, 2011; Hegney, 2021). Well-being interventions have been shown to strengthen the relationship between employee well-being and resilience by increasing positive emotions (Tonkin, 2018). Staff and middle managers who work in a place meaningful to them can trigger psychological well-being and result in positive behaviors, per Tonkin. He asserted that organizational leaders who utilize well-being programs may be tapping into an unused resource leading to positive results for the organization.

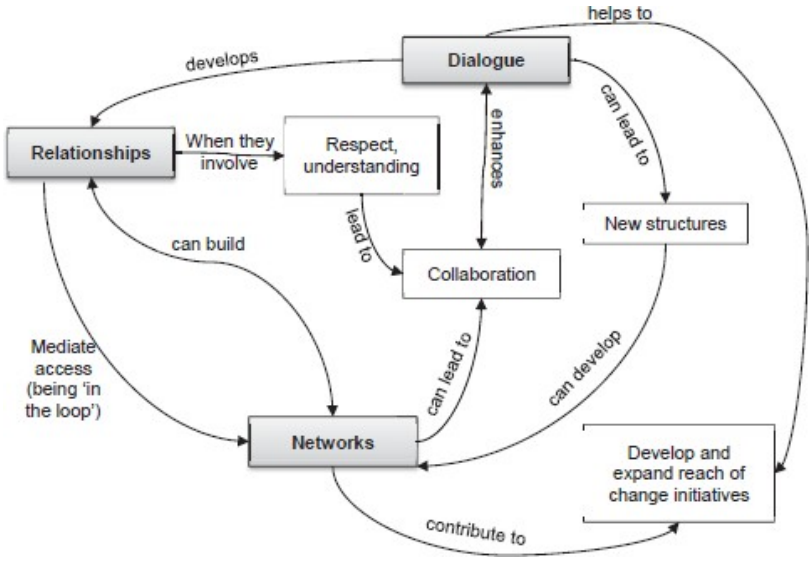
With social connections, communication begins to flow bringing staff and middle managers closer together to create a resilient organization (Vercio, 2021). Universities should encourage leadership, staff members, and middle managers to work together (Gilley, 2009). In addition, teams help to engage employees (Click, 2019; Gilley, 2009). Environments, where teams are allowed to thrive, are more positively associated with leading change effectively, according to Gilley. Another benefit of building a team is collaborating with colleagues and breaking down internal boundaries that may create silos from a lack of knowledge and

awareness of what others do (Hoover, 2015).

The process of collaborating can enable staff and middle managers to learn what colleagues' jobs entail, as well as ensure views from others are considered, which may create a sense of ownership. Furthermore, collaboration may provide coworkers with new ideas that may not have been on the table before, per Hoover. Figure 4 provides a detailed look into how the loop of dialogue helps to develop and expand new structures, leading to the reach of change initiatives, which contributes to building a network. Hoover discussed how networks can lead to building relationships when they involve respect and understanding, leading to collaboration which further enhances dialogue. Interpersonal relationships can strongly influence how changes happen, and continued dialogue enhances those relationships (Hoover, 2015, pg. 182).

Figure 4

Simple Schematic of relationships



Note. Simple schematic of relationships between dialogue, networks, and relationships. From "What lies beneath the surface? The hidden complexities of organizational change for sustainability in higher education". E. Hoover, 2015. *Journal of Cleaner Production*. p. 182.

https://www.sciencedirect.com/science/article/pii/S0959652614001073

At the heart of building relationships is identifying the organizational culture for individuals to work together (Hoover, 2015). When there is a rushed work ethic, no time, a lack of resources, or the thought of not being able to take on one more initiative amongst employees, the culture strains relationships and collaboration may be lacking. Hoover went on to say implementing collaborative initiatives in an organization might improve relationships and build effective partnerships between leaders, staff, and middle managers (Hoover, 2015). Part of those initiatives may include sharing and developing ideas, creating a shared vision, and the construction of groups and committees where staff members, middle managers, and leaders work together on a common goal (Koester, 2006). These groups may also encourage staff members and middle managers who have not previously participated in an opportunity to become involved (Hoover, 2015). Building relationships within an organization can have a strong influence on changes on campus, as noted by Hoover.

Shah (2012) related a change in a university to turning a ship around. Shah stated the vice-chancellor (or president) is the captain, the crew are employees, and the passengers are the students. The ship will only reach its destination and keep passengers happy if the captain plans correctly and if the crew works with the captain throughout the voyage. An organization that plans well ensures sustainability and provides a clear path for leadership and staff and middle managers, with changes in an organization, according to Shah. A sustainable organization provides a healthy environment for staff members and middle managers, where burnout may be mitigated (Gabriel, 2022).

Summary

The literature review explored organizational changes and how effective communication from leaders to middle managers may help build trust to enable employees' successful navigation of change (Ellis, 2023). Middle managers are responsible for implementing many changes, since they are on the frontlines (Gilley, 2009). Staff and middle managers may become stressed when they perceive the changes may directly affect them and those close to them, according to Wisse (2016).

Staff members and middle managers who work in a pleasant office environment may still suffer from stress, especially if a supervisor micromanages them, or if they work with difficult colleagues (Ablenado-Rosas, 2011). A decline in individual, team, and organizational performance may be the result of burnout (Gabriel, 2022). If this stress becomes prolonged, there may be a decrease in creativity and bringing new ideas to the table, according to Gabriel. Since the widespread focus on interventions to reduce the "epidemic" of burnout in academic institutions has been largely unsuccessful, as these institutions are becoming less equipped to handle burnout and must shift the focus to building resilience (Vercio, 2021).

The *Well-being Game* (Tonkin, 2018) and *Sustained Dialogue* are tools to promote staff well-being (Click, 2019) by working together to build resilience in themselves, and in the organization (Vercio, 2021). In addition, when an organization builds social support, middle managers and leaders can begin to work together effectively (Hoover, 2015). Social support can be built through the construction of groups and committees where middle managers and leaders can work towards a common goal (Koester, 2006).

With so many changes happening in higher education, it is important to consider the impact those changes may have on staff and middle managers, therefore, building a healthy

and productive work environment is vital (Flovik, 2019). Individual and organizational resilience build off each other, suggesting leadership must work with middle managers to engage staff members who strive toward both organizational and employee resilience (Vercio, 2021). By working together, middle managers and leadership can build communication and implement well-being programs to build resilience and help mitigate burnout (Tonkin, 2018), as well as organizational resilience.

CHAPTER 3: METHODOLOGY

Changes in an organization may create uncertainty for staff members and middle managers and disrupt constructs and procedures that are already in place within an institution (Flovik, 2019). This study explored how leadership can work with middle managers to navigate organizational change, thereby lessening the chances of burnout. By conducting this qualitative phenomenological study, the researcher's goal was to gain insight into how leadership may work with middle managers to successfully guide staff through changes to establish organizational resiliency.

This study was guided by the research questions:

Research Question 1: What are medical school middle manager's perception of navigating organizational change to minimize burnout to become more resilient?

Research Question 2: What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?

Research Question 3: What are medical school middle manager's perception of the role they play for their staff to become more resilient in difficult times?

This qualitative phenomenological study posed questions to middle managers related to organizational change. Furthermore, the interviews with middle managers addressed how changes in medical schools influence how leadership and middle managers work together to successfully navigate change without resulting in burnout. Learning how middle managers may work with leadership to successfully navigate organizational change may reduce the chances of burnout for the middle manager. Reducing burnout includes increased communication between leadership and middle managers during a change to aid the middle manager in engaging staff for change (Kras, 2017). Gaining insight into what role managers

play for their staff in building resiliency during change may guide middle managers and leadership in preparing and implementing future changes. Continued dialogue before, during, and after the change guides the middle manager as to the vision that leadership has of the change and builds trust that continues even after the change (Yahaya, 2020).

The human relations theory of management (HRTM) (Omodan, 2020) served as the basis for the interview questions in this study. HRTM focuses on the perception of inclusiveness and belonging in an organization (Omodan, 2020). In Omodan's study, he stated staff and middle managers will more fully contribute to the organization based on their perception of connection to others within the institution. Using elements of this theory provided a basis for the interview questions in this study. It was hoped the interview questions would help uncover how middle managers navigate change to work with leadership during change to reduce the chances of burnout.

This study utilized the phenomenological approach. Participants in a phenomenological study describe their experiences in a situation and examine their perceptions rather than using quantitative data (Patten, 2018). Examing perceptions describes how participants were treated in a situation rather than by measuring it objectively, according to Patten. The researcher for this study was interested in capturing the voice of the participants using a phenomenological study.

Site Information and Demographics

While participants for this study were required to meet the same explicit criteria to participate, they hailed from various organizations/entities, therefore no specific site was studied. However, each of the organizations/entities where participants were recruited from included both private and public medical schools accredited by the Liaison Committee on Medical Education (LCME, 2022). The LCME accredits medical schools where students receive a doctorate in

medicine (MD) (2022). A medical school is an educational facility teaching students a medical curriculum using classroom work and working with patients (Buja, 2019). Accreditation of a medical school is conducted to assess the quality of the medical school program and to ensure the curriculum meets the established standards (LCME, 2022). The middle managers participating in this study were employed at medical schools within the Northeast region of the United States. According to the American Association of Medical Colleges (2022), there are 170 MD schools in the United States and Canada of which, 36 are in the Northeast United States. The LCME site was searched by the researcher to locate accredited medical schools and middle managers. Once the researcher searched each medical school website to identify the middle managers, the researcher sent an email using the UNE email address to invite participants who experienced some type of organizational change within the past five years to participate. Of those schools, 10 middle managers that met the criteria responded. The researcher invited those 10 middle managers to participate. However, one participant did not respond to a follow-up email, leaving the researcher with only nine participants.

Participants and Sampling Method

Participants in this study were selected utilizing purposive sampling. According to Creswell and Guetterman (2019), purposive sampling gives a voice to those who may not have been able to express their opinions previously. Organizational changes have the potential to leave employees without the support and resources needed from leadership (Flovik, 2019). Participating in research interviews had the potential to give employees, such as middle managers, a voice to express how communication from leadership would guide them in implementing the changes with staff and middle managers. Giving employees a voice provides a healthier workplace where employees are heard (Gabriel, 2022).

Prior to recruitment, the LCME site was searched by the researcher to locate accredited medical schools and will locate middle managers. Email addresses for the middle managers at the accredited medical schools are available via public search on the internet, therefore a letter of support was not needed. The invitation to participate in the study was distributed by email to 78 identified middle managers. This study sought 10 middle managers who work at medical schools in the Northeast region of the United States. A small sample size allowed the researcher to spend more time with each participant to uncover more complex information about the phenomenon (Creswell & Guetterman, 2019). Creswell and Guetterman stated that adding too many participants to the study can make the interview process unmanageable. Medical school administrators, such as middle managers, deal with the nonacademic operational aspects of the university, such as admissions, and safety, as well as the day-to-day work of preparing budgets and supervising employees (onlinecollege.org, 2022). Participants may have had the title of director, manager, or supervisor rather than middle manager.

Criteria to participate in this study required participants aged 18 or older to have worked at the medical school for at least 5 years and identified as middle managers. Participants would have worked through an organizational change within the last 5 years who were and were not contacted by leadership before or during the leadership change. An email to identified middle managers was sent by the researcher. The middle managers emailed the researcher if they wanted to participate. To maintain confidentiality, the researcher used their University of New England (UNE) email address and asked all participants to respond to the UNE email. The researcher created a master list of participant names and emails.

A recruitment email including the participant information sheet was sent to middle managers asking them to self-identify. Participant must have been age 18 or older, a middle

manager in a role of director, administrator, manager, supervisor, or coordinator that supervise staff who has experienced an organizational change in the past five years, and must have worked at their medical school for five years or more. Numerical pseudonyms were assigned to all participants on the master list as soon as they agreed to participate and were thereafter only referred to by the numerical pseudonym. The recruitment period was open for a period of 7 business days. After 7 business days, the researcher had not received a minimum of 10 respondents. The researcher then contacted the administrator of the Facebook group Medical School Administrators and asked that they post the recruitment flyer, as well as the participant information sheet on the group's page. The email of the researcher was included on the flyer (Appendix B). The flyer directed potential participants to the researcher's UNE student email. From those middle managers who were contacted via email, the first nine respondents who self-identified as meeting the criteria to participate moved forward to interview. The researcher was unable to confirm a final participant for a total of 10 participants as stated previously, as only nine participants confirmed participation in the study. A qualitative phenomenological study was conducted which included interviews with middle managers to explore their perspective related to understanding how middle managers may work with leadership to successfully navigate organizational changes and lessen the chances of burnout.

Instrumentation and Data Collection

Middle managers were identified for this study and were contacted using a recruitment email. The middle managers were asked to self-identify as meeting the criteria and email the researcher if they were interested in participating in the study. The recruitment email was sent directly to these middle managers ensuring confidentiality. Interviews with participants were conducted via Zoom, which is a platform where members communicate with each other via

video, audio, phone, and chat (Zoom, 2022). Zoom was used because it has the capability of providing a transcription of an interview, which was downloaded to a flash drive. The de-identified transcript was saved onto a flash drive after each interview and was stored in a locked cabinet in the researcher's work office, while not in use.

Interviews were conducted by the researcher in a private room. Participants had the right to choose not to participate, or to withdraw your participation at any time until the Master List was destroyed without penalty or loss of benefits. Participants were also told that if they requested to withdraw from this project, the data collected about them would be destroyed. The participants were told they not be treated differently if they decided to stop taking part in this project. Interviewees remained confidential. Field notes were taken by the researcher during the Zoom interviews. Field notes enable the researcher to document facial expressions, voice tone, and physical reactions (Ravitch, 2021) not recorded on the Zoom transcript.

The interview questions were open-ended and semi-structured. According to Merriam and Tisdell (2016), semi-structured interviews have more flexibility in the questions. The questions used in the interviews captured elements related to the human relations theory of management (Omodan, 2020). HRTM was applied to explore staff member and middle manager needs for belonging, inclusiveness, recognition, social groups, motivation, and communication and how these elements shape worker morale, rather than the physical environment.

The interview questions, included in Appendix A, included items from HRTM to identify and understand how middle managers may work with leadership during an organizational change to reduce the chances of burnout. In addition, the interview questions asked by the researcher if the middle manager was involved in decisions during the

organizational change and if they were communicated with appropriately before, during, or after the change. Once the interviews were complete, the Zoom transcript was downloaded by the researcher. Transcripts were sent by the researcher to the participants via email and the researcher allowed 3 days for feedback from interviewees for member-checking. Member-checking involves sending the preliminary data from the interview to the interviewee to verify the accuracy of the data, solicit feedback, and ensure there are no biases (Merriam & Tisdell, 2016). If the researcher did not hear back after three days, the transcript was assumed to be correct and data from those transcripts was used. The Zoom recordings were then destroyed.

Data Analysis

Once the interviews were completed, transcribed, and verified, the researcher began the coding process. Ravitch (2021) describes the process of coding as using tags or labels to organize data into groups or categories. The data was analyzed manually using the theme-based method, which is the process of pulling out common words or phrases forming a major idea (Creswell & Guetterman, 2019). The data was hand-coded by the researcher and a pattern of five to seven common words or phrases was identified. Using a small number of common words or phrases provides more detailed information than a larger number, according to Creswell and Guetterman. When coding data, it is important for the researcher to notice repetition in and across data items (Ravitch, 2021). The words or phrases were analyzed to see how they related to the research questions, findings, and themes in the data set of the study (Ravitch, 2021). Once the coding process was complete, the researcher began to compile the findings to be used in the study.

Limitations, Delimitations, and Ethical Issues

Limitations are possible deficiencies or concerns in a study (Creswell & Guetterman,

2019). Participation in this study was limited to a small number of nine participants, which is a limitation. A larger population increases precision, whereas a smaller population presents some bias (Patten, 2018). However, with a smaller sample size, the researcher was able to spend more time interviewing those participants and carefully analyzing the data. Furthermore, qualitative studies require more time due to the long process of collecting data, (Creswell & Guetterman, 2019). In addition, as humans, all researchers are prone to bias (Merriam & Tisdell, 2016). Bias can become a concern, if not addressed properly, according to Merriam and Tisdell. Because this is a potential limitation, it is important for researchers to identify those biases and keep them in mind when conducting the study.

Delimitations call attention to the outline of the study and give details of the features and confines of the study (Bloomberg & Volpe, 2016). The focus of this study is on middle managers. Middle managers are often on the frontlines of organizational changes and become stressed more frequently. It should be noted that medical school middle managers may not have the title of middle manager. Their titles may range from manager to supervisor. Positions most closely matching that of a medical school middle manager were identified by the researcher.

The National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research published the Belmont Report in 1976. The Belmont Report examines basic ethical principles and guidelines and addresses any concerns that may develop from research with human subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Ravitch (2021) described ethical research as approaching your role as a researcher with "humility and an understanding" (p. 196). The medical school where the researcher works was excluded from the study. Exclusion of this school was necessary to eliminate bias and concern of negative consequences from disclosing

information or they may have had too close a relationship with the researcher.

Trustworthiness

Ravitch (2021) described the trustworthiness of the data as trustworthy to the researcher. They stated the experience and guidance of the researcher regulate the credibility of the study. Furthermore, Ravitch discussed using robust descriptors to ensure the data is trustworthy.

Credibility

Ravitch (2021) described credibility as the researcher's ability to take all elements that appear in the study and consider any patterns that cannot be easily described. To ensure credibility and misinterpretation of the interviews, the researcher conducted member-checking of the transcripts. Member-checking involves sending the preliminary data from the interview to the interviewee to verify the accuracy of the data, solicit feedback, and ensure there are no biases (Merriam & Tisdell, 2016).

Transferability

Bloomberg and Volpe (2016) referred to transferability as the potential of the content studied to have the ability to apply to other contexts or settings. Merriam and Tisdell (2016) stated using comprehensive data enables the research findings to be more transferable to other settings. They also specified carefully selecting participants captures various perspectives and contexts making the study be more transferable. The findings from this study will hopefully transfer to LCME accredited medical schools in the Northeast that have undergone an organizational change within the past 5 years and will provide guidance to middle managers at those medical schools on navigating organizational change and minimizing burnout by middle managers.

Dependability

Dependability refers to the stability of the data collected (Ravitch, 2021) and how the data will answer the research questions. Dependability was established in this study by collecting the data via semi-structured interviews via Zoom. The interviews used open-ended questions and were recorded, transcribed, and the transcripts were member-checked for accuracy. In addition, by describing how the interviews were transcribed and coded, and themes were developed, others will be able to conduct a similar study about organizational change at a medical school. The transparency in how the research is completed provided dependability.

Confirmability

Ravitch (2021) described confirmability as data that can be established and does not contain biases or influence from the researcher. Member-checking (Merriam & Tisdell, 2016) was used to ensure that the researcher did not impose any undue bias. Additionally, the researcher monitored their own biases during the data collection period. Confirmability also challenges the researcher to question if another researcher would come to the same conclusions if they repeated the same study (Cresswell & Guetterman, 2019). A clear coding schema was used by the researcher of this study to identify the codes and patterns identified in the analysis of the data.

Summary

This quantitative phenomenological study examined the perceptions of middle managers during an organizational change. In addition, this study explored how leadership may work with middle managers to reduce burnout. This study explored the insight into middle managers' experiences related to organizational changes and how those changes may have been more successfully navigated if leadership worked with middle managers, thereby

lessening the chances of burnout. Using the human relations theory of management, the researcher crafted questions exploring the perception of inclusiveness and belonging within an institution (Omodan, 2020).

The participants in this study were recruited from the 36 accredited medical schools in the Northeast region of the United States. These 36 medical schools were both private and public schools and ranged from small to large in size. From those 36 medical schools, the researcher sent an email using the UNE email address to invite participants who experienced some type of organizational change within the past 5 years to participate. Of those schools, 10 middle managers that met the criteria responded. The researcher invited those 10 middle managers to participate. However, one participant did not confirm a follow-up email, leaving the researcher with only nine participants.

The participants were interviewed using Zoom and were asked about their perceptions related to understanding how organizational changes may have been more successfully navigated if leadership worked with middle managers to navigate the change. From the interviews, the researcher expected to gain insight into the outcomes of organizational change.

CHAPTER 4: RESULTS

High demands at work can lead to burnout, which can have a significant impact on staff and middle managers, both emotionally and physically, according to Gabriel (2022). The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers at Northeast medical schools during organizational change, and how leadership may work with middle managers to build resiliency for mitigating burnout. The following research questions were used to guide this study:

Research Question 1: What are medical school middle managers' perceptions of navigating organizational change to minimize burnout to become more resilient?

Research Question 2: What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?

Research Question 3: What are medical school middle managers' perceptions of the role they play with their staff to become more resilient in difficult times?

Analysis Method

The Liaison Committee on Medical Education (LCME) (2022) is the accrediting body for medical schools leading to an MD, which includes a directory of accredited programs (LCME, 2023). LCME was used to locate and send email messages, with a participant information sheet (Appendix A), as an invitation to participate in this study. Participants accepted into this study were those who responded to the invitation, worked at an accredited medical school in the Northeast for five years or more, and had staff reporting to them. Two emails from qualifying participants were received within 7 days of sending the recruitment email. After 7 days, a request was submitted to the Medical School Administrator's Facebook page to post the recruitment flyer invitation and the participant information sheet. Follow-up emails were resent through

contacts from LCME 8 days from when the original recruitment email. Seven additional qualifying participants resulted from these follow-up emails. There were no respondents from the Facebook post. All nine participants were scheduled separately, on agreed-upon dates, and times for their individual interviews, which included sending each participant a unique Zoom meeting link. All nine participants were assigned a numerical pseudonym and were identified within 30 days of the initial recruitment email.

The participant information sheet (Appendix A) was reviewed at the beginning of the Zoom interview. Participants verbally gave permission to be recorded prior to the start of the interview and chose to have their cameras remain on during the interview. The researcher asked predetermined questions (Appendix B) for each semi-structured interview, which provided room to ask probing and clarifying questions during the interviews, as needed. Interviews were recorded via Zoom, which generated interview transcriptions, and ranged from 20 to 30 minutes long. All information was stored on a password-protected computer.

After each interview, the researcher inspected the Zoom-created transcripts for errors. Participants were notified they would receive their de-identified interview transcript within 3 days to review for accuracy and respond with any content changes. If the participant did not respond in the allotted time, the transcript was considered accurate and was used as part of the study. Of the nine participants, two participants responded with minor edits to the transcript, which were updated. The video recordings were then destroyed.

Presentation of Results and Findings

The purpose of this qualitative phenomenological study was to examine middle managers' perception of navigating organizational change, as well as how leadership may work with middle managers to reduce burnout. The qualitative phenomenological approach provided

participants' perspectives and experiences with organizational change and leadership.

Participants

Nine total participants, working in medical school settings, were interviewed. Their years of service ranged from 5-17 years. Each participant experienced various changes, which included curriculum, deans, and presidents. All participants were female, and their titles ranged from middle manager to director. Participants were asked 11 probing questions based on three research questions. The results of the research questions identified four themes: organizational support, communication, organizational environment, and motivation.

Participant 1

Participant 1 was a director and had been at their medical school for 15 years. There had been several organizational changes during their time at their institution, including a new curriculum, grading structure changes, and changes in response to LCME (Liaison Committee on Medical Education) accreditation. In addition, they had experienced leadership changes with a new vice dean for education.

Participant 2

Participant 2 identified as a middle manager working at their medical school for 10.5 years. This participant's medical school had undergone various organizational changes including their vice dean's retirement, resulting in a larger organizational change. Their position had historically reported to a supervisor in medical education, however, with a recent organizational change, their position now reports to finance.

Participant 3

Participant 3 was a director who had been with their school for 17 years. They had experienced three deans of the medical school and four changes with their senior associate

dean of the medical school. Additionally, they had experienced a curriculum redesign that was not implemented. This school also recently underwent a significant incident impacting the medical school's integrity. This participant was also part of the team that assessed this incident and dealt with how to move forward after the incident.

Participant 4

Participant 4 had been the director of student wellness at their medical school for the past 5 years. They had experienced a change in dean, as well as curriculum changes. When this participant started there was not an office of student wellness. Their dean advocated for an office of student wellness, which included space for students to use for telehealth appointments, residency interviews, meditation, etc. The wellness office resulted in an additional three staff members. This space was also available to staff upon request.

Participant 5

Participant 5 had been a director at their school for 12 years, during multiple dean changes. Originally, their medical school was an independent medical college, which was unaffiliated with a healthcare system or university. The medical school was then acquired by a healthcare system, which led to losing a significant number of clinical partners. This healthcare system was recently acquired by another healthcare system. The participant's office and team had gone through significant changes in roles and responsibilities because of the acquisitions.

Participant 6

Participant 6 had been a director at their school for 9 years. They had experienced two presidents and two provosts of the university. Furthermore, they restructured their office, which resulted in hiring a new executive director.

Participant 7

Participant 7 is a director at their medical school, where they have been for 12 years. During this time, they had experienced changes in deans. Though their supervisor did keep them up to date on the progress of the dean changes, other leaders at the school were not so transparent and failed to communicate about leadership changes to all staff members.

Participant 8

Participant 8 was an associate director who had been with their medical school for 10 years in various positions. Currently, they advise on curriculum administration, policies, and administrative matters within their office. Their school had curricular and staff changes. They recently merged academic units to eliminate academic siloes.

Participant 9

Participant 9 had been an executive director for 11 years at their medical school. The responsibilities of their position varied widely and included budgeting, accreditation, curriculum review, facilities, and space planning. They had a change of dean in 2020, and a new vice dean, who was leaving. The associate dean for medical education changed in 2019, and several associate deans had turned over, as well. Due to a change in curriculum, their department was completely restructured for greater support. An additional 150 new faculty had been hired, with a new model for compensation of faculty, as well.

Research and Interview Questions: Themes

Participants were asked 11 interview questions (Appendix B). The interview questions related to the three research questions and produced four themes. The themes that arose include organizational support, communication, organizational environment, and motivation.

Research Question 1

Research Question 1 asked about the perceptions medical school middle managers have on navigating organizational change to minimize burnout and become more resilient. Interview questions 8 and 9 related to Research Question 1. The responses to these interview questions resulted in the theme of organizational support.

Theme 1 - Organizational Support

To help middle managers feel more supported, the research of Southwick (2016) suggested leadership can assist in creating a support system within an organization. Six of the nine participants perceived feeling supported. However, one participant remarked their expertise was not called upon, and another participant only perceived a sense of support depending on the areas where the participant was most knowledgeable. Three participants did not perceive a sense of support. Participant 2 remarked, “They [leadership] have good intentions. I don’t think any of it is intentional. I think it is the result of being so big and trying to do so many things at the same time.” While discussing their change, Participant 3 stated,

> “We are undergoing a pretty significant change in our leadership again. What’s happening is we are becoming top-heavy with another layer of deans that are being hired and the directors are being slowly moved down the food chain. But our [middle managers’] expertise is not really called upon when they’re making these large institutional changes. And it’s a little disheartening to not have your voice heard.”

According to Participant 5,

> "I've been here for 12 years, and I just got my seventh supervisor in the years that I've been here. Of the folks that I have worked with, I have not felt supported or advocated for, in the most important things around work, volume, and team management."

Participant 6 had a new executive director and now perceived more support. They attributed this to a leader who had worked in various institutions as opposed to their previous leader who only worked at one school of medicine. The new executive director promoted professional development for staff, which allowed "you to find out new ideas and bring them back." Participant 8 perceived strong support from leadership. They described the ability to offer suggestions to leadership. These suggestions "have helped us feel invested [in the change], and especially made me feel invested". When asked about the level of support from leadership, Participant 4 stated, "My supervisor is extremely supportive. Also, when the new dean started. There are not too many people who would have had a meeting with the dean, but I was able to have a one-on-one meeting with the dean."

Burnout

All but one participant remarked that they were burned out by the organizational changes. However, Participant 7 stated,

> "No [I was not burned out]. And I think this is individual, right? But there comes a point where, if miscommunication or lack of communication continues, I think it is going to have a negative impact on morale. Because then you're going to feel like why am I doing this? And then you're not going to be passionate about what you do. And then when you feel like there's no meaning in some way. I don't know if that's considered burned out.

But it's not good, right?"

Additional remarks included Participant 1 stating, "Feeling like we weren't able to control change that needed to be made caused some frustration and possible burnout." External factors, like COVID-19, may have played a part in burnout, as Participant 8 pointed out. Participant 2 also perceived burnout came from the pandemic, and people quitting. Those positions were not filled, and there was pressure to do more with less staff. When asked about burnout, Participant 9 stated, "Every day. It has been that way for the last several years. And it doesn't get better." For Participant 4, the burnout occurred before their new staff were hired. "I have experienced some burnout, but I don't know if that is attributed to the changes, or if it was attributed to lack of resources…I think there just was insufficient personnel."

Resilience

All participants were asked if they ever perceived themselves as resilient during changes. Though all participants, except for Participant 7, felt some type of burnout, all participants felt some resilience, as well. Participant 1 stated "I felt a sense of resilience during some organizational changes. I maintain resilience by trying to see the endpoint, staying positive, knowing I am headed in the right direction." When asked about their resilience, Participant 2 remarked, "I always kind of see myself as being resilient. I think it really helps when you focus on the bigger picture and that's what I share with my teams." Though Participant 3's curriculum redesign was not implemented, they stated, "The right stakeholders were not at the table [during the change]. Even though I felt like a failure, [because they had to abort a change], I felt I was becoming resilient because of the accomplishments."

The response from Participant 4 regarding resilience was "I never felt like I should stop or not keep going, because I am committed to this work." Participant 5 remarked, "I think I felt

a lot of resilience ironically during the Covid situation because we were able to turn the curriculum around. We were able to get our students graduated competently." During their curriculum reform, Participant 8 stated, "There was a lot of change happening all at once, but we were rallying together. I feel like there was a lot of resilience required by everybody." Participant 9 said, "Sitting on this side with the staff has been my greatest accomplishment every day. When I first started working here, everyone stuck to themselves."

Research Question 2

Research Question 2 focused on steps leadership at a medical school could take to work with middle managers to successfully navigate organizational change. Interview questions 3, 4, 5, and 6 addressed involvement, communication, and leadership support, while interview question 7 asked about the middle managers' perception of belonging. From these questions, the themes of communication and organizational environment arose.

Theme 2 - Communication

For an organizational change to run smoothly, leadership must communicate with employees (Gilley, 2009). Seven of the participants, (Participants 1, 3, 4, 5, 6, 8 and 9) said leadership communicated with them during change. However, Participant 2 noted minor changes were communicated, but not the larger organizational changes. They believed people were under an "embargo" to not communicate with anyone during their acquisition. Participant 6 mentioned having to speak up because "I can't assume that they know all. Over time I realized, there's a perspective that I see that's very different from theirs and they don't necessarily know about X, Y, and Z." When Participant 3 was communicated with "it felt like it was only directed at our department. Any other type of long-range, strategic planning as to how this might fit into the larger scope and mission of the medical school, No." Participant 9

perceived they were communicated with by leadership depending on the change. “When our vice dean announced she was leaving, nobody told us she was leaving, and then my boss said something about it to me, and I said you should tell the whole office that.” For Participant 7, communication was “very poor” at their medical school, though they were informed of the changes by their supervisor.

Inclusive Communication

Communication with leaders is essential, according to Kras (2015). Input and engagement by middle managers to leadership creates trust, which motivates managers to engage their employees in the process (Yahaya, 2020). However, in Yahaya’s study, middle managers felt they could not give their opinion on change, since they were not contacted by leadership before or after the change.

Each participant in this study was asked if they were involved in any of the changes at their medical school. Participants 1, 3, 4, 6, and 8 were involved in the organizational changes in some way. Participant 5 was involved in smaller changes, but not merger changes. Participant 9 was involved depending on the leader. Since they were mostly involved in administration, Participant 9 was heavily involved in the administrative piece. For Participant 7, they were not involved, but their supervisor was, and their supervisor kept them updated on the changes.

Additionally, each participant was asked if their suggestions were instituted during the organizational changes. Seven of the nine participants’ suggestions were instituted. However, for one participant, their changes were instituted depending on who the leader was. For example, Participant 1 recommended a student task force for learning, which was created. The governance structure was updated, which was another of Participant 1’s recommendations. Participant 2 suggested a couple of changes instituted in their preceptorship program, which

provided a fair and equitable clinical experience, as well as determining how long courses should be. For Participant 4, suggestions on creating a wellness office were instituted, including increasing the staff, and how to design the student wellness space. Leaving the clerkship director structure in place was a recommendation by Participant 5 that was retained. Participant 9 made suggestions but commented that it depended on the leader if their suggestions were instituted.

Theme 3 - Organizational Environment

Employees are driven by their perception of security, inclusion, and belonging, according to Lunenberg and Ornstein, (2012), rather than the conditions of their physical environment. Interview question 7 was asked to participants to understand if they perceived a sense of belonging in their organization, with the theme of organizational environment arising. Five of the participants felt a sense of belonging, two participants only felt a sense of belonging with their immediate office and one participant did not feel a sense of belonging. Participant 1 discussed perceiving a sense of belonging, but they described that their staff may not. Participant 2 perceived a strong sense of belonging; however, they also perceived a culture change during the COVID-19 pandemic, with meetings continuously shifting from online to hybrid, and back to in-person. Though Participant 3 perceives a sense of belonging, they also perceive a sense of post-traumatic stress disorder after a critical incident affecting leadership, staff, and students, especially when encountering a similar situation.

Participant 8 was happy with a recent change causing a shift in the office culture because units were merged to remove academic siloes. Participant 9 perceived a positive culture change with a shift in the workforce from layoffs during COVID-19 and bringing in new staff with a focus on developing those staff. “Speaking up” was emphasized by Participant 6. Though their

senior vice dean is very inclusive, this participant perceived the importance of speaking up "since you can't assume that leadership will know what you know". For Participant 5, there was a lack of belonging in their organization, due to the challenging environment of being acquired by a healthcare system. Though this participant felt a sense of belonging previously, because of the change there was a separation between the school and the healthcare system. "Communication was poor", explained Participant 7. This participant perceived the lack of communication contributed to negative morale in the office.

Research Question 3

Research Question 3 was created to comprehend what the medical school middle managers' perceptions of the role they play with their staff to navigate organizational change. Interview question 11 was created to investigate if any type of school-wide well-being program would have helped the middle managers' staff better navigate organizational change. This interview question led to the theme of motivation.

Theme 4 - Motivation

Leadership establishes direction, alignment of employees, motivation, and inspiration, according to Kotter (2012). Participants were asked if they perceived any type of well-being program would help their staff better navigate organizational changes. Only Participant 4 perceived a well-being program would have helped navigate changes. However, Participant 3 perceived well-being programs would help, especially if some type of program had been instituted that addressed staff after the critical incident occurred.

Participants described ways in which they motivate their staff. For example, Participant 4 discussed how they often take lunchtime walks together and stated, "I want the team to feel seen and you're not just doing work." "What I look at in terms of helping folks…is to help them

become autonomous and be able to build empowerment with them," described Participant 5. Participant 8 grew in their position from coordinator to associate director in 10 years. They described making it known they are "happy where they work." Leadership instituting some type of program recognizing staff was mentioned by Participant 9. They stated, "It's showing that you care just as much about their growth and their success as anybody else."

Summary

The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers during an organizational change. Nine semi-structured interviews were conducted with middle managers from Northeast medical schools. The nine semi-structured interviews were reviewed and coded and the themes of organizational environment, communication, organizational support, and communication emerged. The emergent themes were categorized to reflect the middle managers' experiences during organizational change. The interpretation and importance of the findings related to the research questions will be discussed, with the implications explored, along with recommendations for further actions.

CHAPTER 5: CONCLUSION

Medical schools are continually changing due to a growing and aging population, as well as a declining healthcare workforce (Khay-Guan, 2019). Middle managers must translate and implement the vision of leadership to set examples for spurring positive change (Mwangu, 2020). Change may impact middle managers and staff, especially when leadership does not regard the perspective of middle managers and staff (Gilley, 2009).

Middle managers and staff who are not content with their jobs may become cynical and decrease their amount and quality of work (Ablanedo-Rosas, 2011). An excess of work may reduce middle managers' and staff's capacity to bounce back, leading to burnout (Gilley, 2009). In addition, staff may leave their position due to burnout, which can be costly to the university (Ablanedo-Rosas, 2011).

Leadership that creates an environment where employees can bounce back from challenges may help address middle manager and staff burnout (Tonkin, 2018). Many institutions are shifting from burnout programs to interventions to improve overall well-being, using social and emotional interventions to improve employee health (Click, 2019) and building support systems for employees (Southwick, 2016). This study explored ways in which leadership may address burnout and build resiliency in middle managers.

The purpose of this qualitative phenomenological study was to examine the perceptions of middle managers during an organizational change. In addition, this study explored how leadership may work with middle managers to reduce burnout. This qualitative study had the potential to explore organizational changes from the perspective of middle managers at a medical school while examining methods to build their resiliency for mitigating burnout.

The following questions were used to guide this study:

Research Question 1: What are medical school middle managers' perceptions of navigating organizational change to minimize burnout to become more resilient?

Research Question 2: What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?

Research Question 3: What are medical school middle managers' perceptions of the role they play with their staff to become more resilient in difficult times?

The data from the nine interviews was analyzed with four themes emerging. Theme one was organizational support, theme two was communication, theme three was organizational environment, and theme three was motivation. The interpretations, implications, and recommendations for action and further study are discussed in this chapter.

Interpretations and Importance of Findings

Research Question 1

Research Question 1, "What are medical school middle managers' perceptions of navigating organizational change to minimize burnout to become more resilient?" was developed to explore the middle manager's perspective on what is required to successfully navigate organizational change while mitigating burnout and building resiliency. The conceptual theory for this study was Maslach's theory of burnout (1998) focusing on the three components of burnout: emotional exhaustion, depersonalization, and diminished accomplishment (Maslach, 1998). All but one participant perceived burnout during organizational changes that says issues causing stress outside of a middle manager's control may lead to burnout. Participant 1 discussed how they perceived not being in control of the organizational changes. In addition, emotional exhaustion refers to weariness, tiredness, and

fatigue when staff and middle managers have difficulty adapting to the work environment, resulting in not having enough energy to handle work tasks (Valsania, 2022). One participant described a sense of burnout every day for the last several years.

However, Southwick (2016) states that most people are considered resilient, though some individuals may have difficulty bouncing back. All participants perceived a sense of resilience during the changes. Participants used phrases such as seeing the endpoint, passionate, and accomplishments when discussing resiliency lending itself to the idea that these middle managers have become resilient from focusing on making it through the changes.

Organizational Support

Southwick (2016) shared that individuals who are well-supported are more apt to experience resiliency than those who do not. The participant responses were similar to the literature examined for this study with participants describing the need for a support network within their institution. The literature reviewed for this study discusses how organizations build resilience in middle managers by creating a support network (Tonkin, 2018). Participants 2, 3, and 7 were interested in creating safe spaces to voice concerns. The safe spaces created form a support system for middle managers. In addition, the literature in this study describes how support may come in the form of social and professional networks, which can be achieved inside or outside of the office environment (Southwick, 2016). Participant 6 discussed the creation of a professionalism group, and Participant 3 described the implementation of an undergraduate medical education directors' group. These spaces give middle managers the space to discuss concerns and build relationships with other middle managers.

Research Question 2

Research Question 2, "What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?" was created to investigate ways in which middle managers may work with leadership during an organizational change. For example, "The real power of a vision is unleashed only when most of those involved in an enterprise or activity have a common understanding of its goals and direction" (Kotter, 2012). The participant responses in sum describe the need for increased communication and advocation for required resources for middle managers during and after organizational changes creating an environment where middle managers will thrive.

Communication

Literature reviewed for this study described how middle managers are an important link to leadership when engaging their staff in an organizational change (Kras, 2017). Participant responses were similar to the literature explored for this study as Participants 1, 4, 6, 7, and 8 were communicated with before and during organizational changes at their medical schools. Participants 3, 5, and 9 were communicated with depending on the change. Participants 2 and 7 describe a lack of communication.

Additionally, in the literature explored for this study, Southwick (2016) stated, that well-supported individuals may experience more resiliency than those without support. The findings of this study support the literature researched with four participants who were communicated with before and during organizational changes and described support and advocacy from leadership. Only one of the participants who received some communication received no support, while the other two participants received some support. However, though Participant 1 received communication during organizational changes, they commented on the need for

leadership to share more communication, as well as the mission and vision, which they perceive to help with resilience. Participant 8 described how peers in other higher education institutions perceive "The common thread is the people that support us. I've been really fortunate, at least for the last 6 or 7 years, to have the same person [supervisor]. And it makes all the difference."

Organizational Environment

The human relations theory of management (HRTM) (Omodan, 2020) focuses on the perception of an employee's inclusiveness and belonging in the organization.The literature researched for this study found that middle managers want to perceive that they are part of a group within their organization, per Omodan (2020). The findings in this study complement the literature explored for this study with five of the nine participants perceiving a sense of belonging and two perceiving a sense of belonging within their immediate office. Though one participant did not feel a sense of belonging, they had previously felt a sense of belonging until their organization was acquired by a health system.

Research Question 3

Research Question 3, "What are medical school middle managers' perceptions of the role they play with their staff to become more resilient in difficult times?" was written to examine ways in which middle managers might work with staff during organizational change to build resilience. With many employees now working a combination of remotely and in the office, traditional well-being programs have been difficult to implement. Only one participant perceived a well-being program would help navigate changes, supporting the literature reviewed for this study stating that creating social support systems for employees is important to build resilience (Southwick, 2016) but that well-being programs are only one strategy for building the support system (Tonkin, 2018). Participant 2 described how their former well-being program

changed from live entertainment every day to once a week. The prior combined art program for employees has shifted to departments having their own art program. Other participants were not in favor of well-being programs. Participant 1 perceived that leadership sharing more communication, as well as the mission and vision is more helpful. The COVID-19 pandemic impacted work schedules for Participant 2, which resulted in less utilization of the well-being programs offered, such as live entertainment. However, bonding type of activities were regularly planned, such as kickball in the park or a baseball game in the afternoon. For instance, "In-person activities are really helpful, especially if you're working hybrid…People really crave it." Participant 4 has found success with a wellness space created for medical students, which can also be utilized by staff. For instance, "A lot of students come over in the middle of the day and use the space for meditation. There's a student currently using the space right now for an interview." When discussing well-being programs, Participant 5 remarked, "The way we've delivered it [well-being programs] here, it's been more you get a free coffee, or come to this yoga class, or we have pizza, etc." Participant 6 remarked, "I don't know as though people in my department are taking time to use the wellness resources or look at the wellness page, and find out what they could do. Everybody's running."

Motivation

Building camaraderie and encouraging engagement in work tasks are resilient behaviors that middle managers can model to their staff (Kim, 2020). In this study, participants described how they model the resilient behaviors of building camaraderie and encouraging engagement which is similar to the literature reviewed for this study describing the importance of creating a support system to build resilience (Southwick, 2016). To build a connection with employees, Participant 2 described monthly gatherings to "make employees feel connected and feel part of

our group and to give people an outlet." Participant 4 describes offering staff the opportunity to work remotely for the months of June and August to reenergize before the students return. They also formed walking groups outside with other department members and offered refreshments at staff meetings, while taking the time to get to know each other and build a team. Participant 6's new executive director planned a retreat twice a year as a team-building exercise, which was never done with prior leadership. For Participant 8, their vice president (direct supervisor) reminds them to take time off, which they perceive as a good model of balance and boundaries. Participant 2 discusses how they encouraged their staff during a recent difficult time with a motivational talk.

Omodan (2020) also described how employees need to receive appreciation from their company. This supports the findings in this study of participants needing a sense of being valued and leadership building a recognition program for staff. Participants also described the need for access to professional development for staff.

Participant 8 perceives a sense of being valued, "I told this to people (the perception of feeling valued) who've been relatively new hires or folks who have joined the team recently." Participant 9 describes the need for their medical school to develop some type of program targeting staff to recognize them for their efforts and successes. The access to professional development for staff has changed for Participant 6 since they started working at their school. They describe a hierarchy present in medical schools where staff are at the bottom below students. However, providing access to professional development has improved and embraced staff's talents, which Participant 6 perceives to have helped staff overcome the feeling of being overworked since they are more adept at performing their tasks from the professional development.

Implications

The findings of Research Question 1 suggested that middle managers require support from leadership during organizational change. This study also described the need for middle managers to be involved in organizational changes, which included their expertise in certain areas, as well as leadership encouraging middle managers to provide suggestions that are implemented during and after changes. Allowing middle managers to be involved and provide suggestions allows the middle manager to perceive more of a sense of control and investment in the change.

An additional finding of Research Question 1 suggested the need for sufficient staff for middle managers to successfully run their departments. As indicated by two participants, there is increased pressure to run departments with less staff. Not having adequate staff has led to exhaustion, a symptom of burnout, for these two participants.

The findings of Research Question 2 suggested that leadership continue to communicate with middle managers no matter how large or small the change. In addition, the findings suggest that leadership should include and ask for the involvement of middle managers in all conversations on organizational change regardless of whether the changes pertain to the middle manager or not. Including middle managers in conversations on organizational changes builds trust with leadership.

Additionally, the findings of Research Question 2 suggest the need for leadership to encourage a network for middle managers to voice concerns and build camaraderie. Such a network is helpful when middle managers encounter stressful situations allowing them to find support from other middle managers. Networks such as this assist in removing the academic siloes that are built up by lack of communication within departments.

The findings of Research Question 3 suggested that leadership should encourage middle managers to motivate their staff through camaraderie-building activities rather than through standard well-being programs. These activities may include after-hour get-togethers or lunchtime walks. In addition, the findings suggest that leadership should institute some type of recognition program to support employees.

Recommendations for Action

From the data collected in this study, the researcher recommends the following actions. Medical school leadership should provide a more supportive working environment in their organization. By motivating middle managers to form a network, leadership will unite a community within the medical school which will build a bond between middle managers. This community will provide a support network for middle managers to build resilience to successfully navigate organizational change.

Providing adequate staffing to middle managers was also a finding of this study. Though the COVID-19 pandemic exacerbated the need for middle managers to have additional help, this had been an issue previously. Many organizations have struggled through financial issues over the years and medical schools have been no exception. However, one support that leadership should provide to middle managers is adequate staffing. Without adequate staffing, middle managers and their staff become burned out, and many leave. Staff turnover is costly and providing staff for middle managers to effectively run their departments costs less than turnover for medical schools.

Lack of communication was also a finding in this study. Though leadership may have the best intentions, they often fall short of communicating the mission and vision of an organizational change to middle managers and staff. Some leaders may attempt to

communicate but often do not have a complete list of staff to share the communication with. In addition, leadership should involve middle managers in organizational changes whether they pertain to them or not, giving middle managers a feeling of being invested in the change. The researcher of this study was surprised to learn that well-being programs were not favored by middle managers. Middle managers and staff often do not have time to utilize well-being programs. The COVID-19 pandemic also changed the dynamic of well-being programs, especially with many middle managers and staff working hybrid schedules. Instead, building camaraderie by spending time with fellow staff outside of the office benefits middle managers and staff by building a bond not always found inside the office.

A final finding of this study was the need for leadership to embrace recognition for their staff. The recognition might be found in small or elaborate ways. However, knowing they are valued keeps both middle managers and staff engaged in their work and fosters positivity which will be contagious throughout the medical school community.

Recommendations for Further Study

Recommendations for further study include increasing the study size to include more participants. With a small sample size of nine participants, it would be important to increase the study size to provide even more robust results. In addition, including participants from other parts of the United States would be useful, since this study was only conducted in the Northeast. Furthermore, medical schools in Canada might be a useful addition to this study since they are also members of the American Association of Medical Colleges. Allowing other medical school middle managers to give voice to this study may prove to add further information on what would benefit them during an organizational change.

Not all medical schools are part of larger universities. Focusing on those medical schools

that are not part of larger universities may be beneficial since they may not have the same resources to offer for professional development as larger universities. Inquiring as to what those medical school middle managers can offer staff in terms of professional development would be key.

Conclusion

The purpose of this qualitative phenomenological study was to explore how middle managers at medical schools might more successfully navigate organizational changes, which addresses the gap in research exploring the role of middle managers at a medical school during an organizational change. Great medical schools employ staff who are thriving (Gunderman, 2013). With medical schools continually undergoing organizational change, (Khay- Guan, 2019), middle managers are often tasked with leading the charge. Unless there is sufficient communication by leadership, change may not be well received (Gilley, 2009). Furthermore, high demands on middle managers during organizational changes may lead to burnout (Gabriel, 2022).

To better adapt to organizational changes, building resilience in staff members and middle managers may be key. (Tonkin, 2018). Resilient behaviors, such as building camaraderie, encouraging engagement in work tasks, and continuous dialogue between higher leadership, middle managers, and staff can be modeled by middle managers (Kim, 2020).

This study was guided by the following research questions:

Research Question 1: What are medical school middle manager's perception of navigating organizational change to minimize burnout to become more resilient?

Research Question 2: What steps can be taken by leadership at a medical school to work with middle managers to successfully navigate organizational change?

Research Question 3: What are medical school middle manager's perception of the role they play for their staff to become more resilient in difficult times?

The literature reviewed explored how stressors from organizational changes may impact a medical school's middle manager leading to feeling less secure about their position and increasing a middle manager's stress leading to burnout (Wisse, 2016). Medical school leadership creates the plan of change with middle managers bearing the brunt of implementing those changes (Bunger, 2019). For an organizational change to be successful, middle managers must build trust with their staff, as middle managers are the link between leaders and staff (Kras, 2017). Communication between middle managers and leadership is essential during a change, according to Kras, and should include input from middle managers to engage them in the process (Yahaya, 2020).

Burnout includes emotional exhaustion, depersonalization, and diminished accomplishment and is the result of the difficulty middle managers have adapting to the work environment and the lack of energy to handle work tasks (Valsania, 2022). Adapting to adversity or stress is referred to as resilience (APA, 2020). Those without support networks including social and professional networks, may suffer from compromised physical and mental health (Southwick, 2016). Building employee resilience may assist middle managers in recovering from disruptions (Tonkin, 2018). Ways to build resilience according to participants in this study might include activities such as staff retreats, monthly gatherings, forming walking groups, and leadership modeling work/life balance and boundaries. Furthermore, establishing close relationships with colleagues will build a support network (Click, 2019), as well as enabling staff and middle managers to collaborate, breaking down silos (Hoover, 2015), and providing space for employees to bring new ideas to the table. A healthy environment for staff

members and middle managers, where burnout may be mitigated, leads to a sustainable organization (Gabriel, 2022).

This study explored the perceptions of the experiences of organizational change of nine middle managers at Northeast medical schools. Participants were asked a series of questions. From those questions, the themes of organizational support, communication, organizational environment, and motivation arose. Recommendations from this researcher include encouraging professional groups within medical schools to share ideas and address frustrations, as well as building professional networks with outside groups. Additionally, leadership should provide adequate staffing to avoid overwork by middle managers thus mitigating burnout. Leadership should also provide clearer communication to middle managers during an organizational change, as well as ask for input from middle managers to give a voice and perception of investment to middle managers. Finally, this researcher also recommends leadership provide resources to empower middle managers to build camaraderie among staff.

A great medical school is committed to the health and well-being of its community (Gunderman, 2013). When employees are thriving at their medical school, they perceive a sense of satisfaction with their work, and their place of employment, according to Gunderman (2013). Medical schools, like the University of Massachusetts Medical School, where the Chancellor of the University perceives the employees to be the most important asset to the institution and are key to achieving the university's goals are what make great medical schools.

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Appendix A
Participant Information Sheet

UNIVERSITY OF NEW ENGLAND
INNOVATION FOR A HEALTHIER PLANET

Office of Research Integrity
Institutional Review Board

Participant Information Sheet

Version Date:	8/03/23
IRB Project #:	*0823-02*
Title of Project:	Medical School Middle Managers Learning to Successfully Work with Leadership to Navigate Organizational Change
Principal Investigator (PI):	Elizabeth G. Smith
PI Contact Information:	Esmith63@une.edu; 401-527-5907

INTRODUCTION

- This is a project being conducted for research purposes. Your participation is completely voluntary.
- The intent of the Participant Information Sheet is to provide you with important details about this research project.
- You are encouraged to ask any questions about this research project, now, during or after the project is complete.
- The use of the word 'we' in the Information Sheet refers to the Principal Investigator and/or other research staff.

WHAT IS THE PURPOSE OF THIS PROJECT?

The general purpose of this research study is to explore the role of middle managers during an organizational change, as well as to explore how working with leadership may reduce burnout in middle managers.
Ten participants will be invited to participate in this research as part of the principal investigator's dissertation research.

WHY ARE YOU BEING ASKED TO PARTICIPATE IN THIS PROJECT?

You are being asked to participate in this research project because you are a middle manager, age 18 or older, in a role of director, administrator, manager, supervisor, or coordinator that supervise staff who has experienced an organizational change in the past five years and has worked at your medical school for five years or more.

WHAT IS INVOLVED IN THIS PROJECT?

- You will be asked to participate in one semi structured interview with the principal investigator that will last approximately 30 minutes over Zoom.
- You can choose a pseudonym to be used in place of your name for the study.
- You will be given the opportunity to leave your camera on or off during the interview, and your interview will be recorded using Zoom.
- You will be emailed a copy of your interview transcript to review for accuracy. You will have three calendar days to respond or the PI will assume that you have no comments and the transcript will assumed to be accurate.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS INVOLVED FROM BEING IN THIS PROJECT?

The risks involved with participation in this research project are minimal and may include an invasion of privacy or breach of confidentiality. You have the right to skip or not answer any questions, for any reason.

Please see the 'WHAT ABOUT PRIVACY & CONFIDENTIALITY?' section below for steps we will take to minimize an invasion of privacy or breach of confidentiality from occurring.

WHAT ARE THE POSSIBLE BENEFITS FROM BEING IN THIS PROJECT?

There are no likely benefits to you by being in this research project; however, the information we collect may help us understand organizational changes from the perspective of middle managers at a medical school while examining methods to build their resiliency for mitigating burnout. Examining this information may lead to changes in the way organizational change is planned and executed.

WILL YOU BE COMPENSATED FOR BEING IN THIS PROJECT?

You will not be compensated for being in this research project.

WHAT ABOUT PRIVACY AND CONFIDENTIALITY?

We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Additionally, your information in this research project could be reviewed by representatives of the University such as the Office of Research Integrity and/or the Institutional Review Board.

The results of this research project may be shown at meetings or published in journals to inform other professionals. If any papers or talks are given about this research, your name will not be used. We may use data from this research project that has been permanently stripped of personal identifiers in future research without obtaining your consent.

- Data will only be collected during one on one participant interviews using Zoom, no information will be taken without your consent, and transcribed interviews will be checked by you for accuracy before they are added to the study.
- Pseudonyms will be used for all participants and any personally identifying information will be stripped from the interview transcript.
- All names and e-mails gathered during recruitment will be recorded and linked to a uniquely assigned pseudonym within a master list.
- The master list will be kept securely and separately from the study data and accessible only to the principal investigator.
- The interview will be conducted in a private setting to ensure others cannot hear your conversation.
- You will be given the option to turn off your camera during Zoom interview.

- After you have verified the accuracy of your transcribed interview the recorded Zoom interview will be destroyed. Once all transcripts have been verified by the participants of this project, the master list of personal information will be destroyed.
- All other study data will be retained on record for 3 years after the completion of the project and then destroyed. The study data may be accessed upon request by representatives of the University (e.g., faculty advisors, Office of Research Integrity, etc.) when necessary.
- All data collected will be stored on a password protected personal laptop computer accessible only by the principal investigator.

WHAT IF YOU WANT TO WITHDRAW FROM THIS PROJECT?

You have the right to choose not to participate, or to withdraw your participation at any time until the Master List is destroyed without penalty or loss of benefits. You will not be treated differently if you decide to stop taking part in this project.

If you request to withdraw from this project, the data collected about you would be destroyed.

WHAT IF YOU HAVE QUESTIONS ABOUT THIS PROJECT?

You have the right to ask, and have answered, any questions you may have about this research project. If you have questions about this project, complaints or concerns, you should contact the Principal Investigator listed on the first page of this document.

WHAT IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT?

If you have questions or concerns about your rights as a research participant, or if you would like to obtain information or offer input, you may contact the Office of Research Integrity at (207) 602-2244 or via e-mail at irb@une.edu.

Appendix B
Interview Questions

Question 1: Please tell me about yourself; how long you have been at this medical school, and the administrative position you currently hold.

Question 2: What organizational changes have you personally observed as having been instituted at your organization? (RQ1)

Question 3: Were you asked to be involved in some way with these changes and if so, how? (RQ2)

Question 4: Were your suggestions about the change instituted in some way? (RQ2)

Question 5: Were you communicated with during and after this change? (RQ2)

Question 6: How would you describe your level of support from leadership? (RQ2)

Question 7: Do you perceive a sense of belonging in your organization? (RQ2)

Question 8: During this change did you ever perceive burned out (emotionally exhausted, depersonalized, and diminished accomplishment)? (RQ1)

Question 9: (If they answered no to Question 8) Did you perceive you were resilient during the change and if so, how do you perceive to have been resilient? (RQ1)

Question 10: Would you perceive that any type of well-being program to build resilience would have helped you better navigate this change? (RQ2)

Question 11: Would you perceive that any well-being program would have helped your staff better navigate this change? (RQ3)

Appendix C
Recruitment Email

Good afternoon,

I am a doctorate student at the University of New England. I am recruiting participants to interview for 30 minutes via Zoom for my study, "Medical School Middle Managers Learning to Successfully Work with Leadership to Navigate Organizational Change". As a medical school administrator, I am interested in exploring the perceptions of middle managers during an organizational change, as well as how leadership may work with middle managers to reduce burnout.

My study focuses on middle managers (directors, supervisors, managers, and coordinators) at medical schools who supervise staff and have been in the position for five years or more. I am contacting you because I believe you may qualify for this study.

Your personal and school contact information will remain confidential, and pseudonyms will be assigned to ensure you remain anonymous. Your school will not be named, nor referenced at any point.

This study has been approved by the University of New England Institutional Review Board.

If your school has gone through an organizational change during the past five years and you are interested in participating, please contact me through this email address.

I look forward to your response.

Sincerely,
Elizabeth G. Smith, MBA

Appendix D
Recruitment Flyer

Volunteers Needed for Research Study on Organizational Change at a Medical School

Are you a director, administrator, or supervisor of staff at a medical school that has had an organizational change in the past five years?

You May Qualify If You

- Have worked at a medical school that has undergone an organizational change in the past five years?
- Have worked at that medical school for fiver years or more?
- Is your title director, administrator, manager, or supervisor of staff?

Participating in this study may increase knowledge in organizational change at a medical school. In addition, it may help staff better plan and execute those changes in the future.

Participation Involves

- One 30 minute Zoom interview where your identity will be kept confidential

FOR MORE INFORMATION

Please contact Elizabeth G. Smith at esmith63@une.edu.

Appendix E

IRB Approval

UNE UNIVERSITY OF NEW ENGLAND
INNOVATION FOR A HEALTHIER PLANET

Office of Research Integrity
Institutional Review Board

Biddeford Campus
11 Hills Beach Road
Biddeford, ME 04005
(207) 602-2244 T
(207) 602-5905 F

Portland Campus
716 Stevens Avenue
Portland, ME 04103

DATE OF LETTER:	August 04, 2023
PRINCIPAL INVESTIGATOR:	Elizabeth Smith
FACULTY ADVISOR:	Dorothy Williams, Ph.D.
PROJECT NUMBER:	0823-02
RECORD NUMBER:	0823-02-01
PROJECT TITLE:	Medical School Middle Managers Learning to Successfully Work with Leadership to Navigate Organizational Change
SUBMISSION TYPE:	New Project
SUBMISSION DATE:	July 29, 2023
ACTION:	Determination of Exempt Status
DECISION DATE:	August 04, 2023
REVIEW CATEGORY:	Exemption Category # *2(ii)*

The Office of Research Integrity has reviewed the materials submitted in connection with the above-referenced project and has determined that the proposed work is exempt from IRB review and oversight as defined by 45 CFR 46.104.

You are responsible for conducting this project in accordance with the approved study documents, and all applicable UNE policies and procedures.

If any changes to the design of the study are contemplated (e.g., revision to the research proposal summary, data collection instruments, and/or other approved study documents), the Principal Investigator must submit an amendment for review to ensure the requested change(s) will not alter the exempt status of the project.

If you have any questions, please send an e-mail to irb@une.edu and reference the project number as specified above within the correspondence.

Best Regards,

Bob Kennedy, MS
Director of Research Integrity